

32 AUG 1958

City and County of the City of Gloucester.



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1958



WITH THE COMPLIMENTS OF THE MEDICAL OFFICER OF HEALTH.

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HEALTH COMMITTEE (1957/58)

Chairman:

Councillor T. Thomas.

Deputy Chairman:

Councillor T. Jones.

Members:

The Mayor (ex-officio)

Alderman M.G. Lewis.

" Mrs. F. Wentworth.

" F. Harris.

Councillor R.E.H. Moulder.

" Mrs. L.R. Langdon.

" D.C. Frape.

" E.R. Jelf.

" F. Phelps.

" J.F. Curtis.

" W. May.

" C. Collins.

" I.C. Pritchard.

" H. Rich.

NATIONAL HEALTH SERVICE

SUB-COMMITTEE.

The whole of the Members of the Health Committee with the addition of the following co-opted members:-

Mrs. E.M. White.

Miss V.M. Dover, S.R.N.

Mr. W.H. Gingell.

Mrs. K. Heal, S.R.N.

Mrs. H.F. Etheridge.

Mr. B.S. Saunders, L.D.S., R.C.S.

Dr. G.C.C. Wharton.

Dr. W.R. Blatchley.

Mrs. E. Eggleton.

Mrs. E. Phelps.

Mrs. M. Askew.

Mrs. V.G. Lawson.

Mrs. R. Layton.

Mrs. M.E. Armitage.

AFTER CARE SUB-COMMITTEE.

(including Mental Health)

Councillor T. Thomas.

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Alderman Mrs. F. Wentworth.

" F. Harris.

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Mrs. M. Askew.

Dr. B.M. Mandelbrote.

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" W. May.

" F. Davenport.

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" Mrs. V.E. Price.

" Mrs. F.S. Creese.

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Mrs. M.E. Armitage.

Mrs. D. Smith.

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Alderman F. Harris.

Councillor Mrs. L.R. Langdon.

" Mrs. V.E. Price.

" Mrs. F.S. Creese.

Mrs. E. Eggleton.

Mrs. E. Phelps.

Dr. B.M. Mandelbrote.

Mrs. D.A. Smith.

HEALTH OFFICERS OF THE AUTHORITY.

CHARLES COOKSON, M.D., D.P.H., Medical Officer of Health, City and Port of Gloucester, Principal School Medical Officer, Medical Officer of the Isolation Hospital.

DAVID S. CLARK, M.B., Ch.B., D.P.M., D.P.H., Senior Assistant Medical Officer of Health, School Medical Officer.

VALERIE N. BAKER, M.B., Ch.B., D.Obst.R.C.O.G., Assistant Medical Officer of Health, School Medical Officer.

F.J.D. KNIGHTS, M.R.C.P., and R.H. ELLIS, M.R.C.P., Chest Physicians and Mr. H.A. HAMILTON, M.R.C.O.G., and Mr. S.A. BOND, F.R.C.S., M.R.C.O.G., Consultant Obstetricians. Part-time, by arrangement with the South Western Regional Hospital Board.

Drs. H. CAIRNS-TERRY, J. GREENE, Snr., J. GREENE, Jnr., R.B. BARNES, D.C. BRADFORD, W. MURRAY, N. LEWIS and G.C. MATHERS, Medical Officers, Infant Welfare Centres, part-time.

E.G.H. LIGHTFOOT, L.D.S., Principal School Dental Officer (until 25.9.58).

J.P. WILSON, L.D.S., R.C.S. (commenced 27.10.58)

Messrs. R.C. BOODLE, L.D.S., M.J. BARTLETT, L.D.S., and J.R. COND, B.D.S., School Dental Officers, part-time.

E.G. WHITTLE, B.Sc., F.R.I.C., Public Analyst, part-time.

I. DEMBREY, B.Sc., F.R.I.C., Assistant Public Analyst, part-time.

Public Health Inspectors: Messrs. R.I. WILLIAMS (Chief and Port Health Inspector), G.W. ALEXANDER (and Assistant Port Health Inspector), E.A. BLUNDELL, R.A. OSTLER; R.C. UPHAM and R.E. WORKMAN (Assistants), Capt. H.H. BURBRIDGE (Assistant Port Health Inspector, part-time) and two Student Public Health Inspectors.

Health Visitors: Miss A.R. TAYLOR (Superintendent Nursing Officer), The Misses E.M. GARRETT, C. JONES, M.D.I. LEWIS, J. MACNAMARA, T. MORGAN, K.V. SPARKS, and E.S. VIDAL and the Mrs. G.M. ATKINSON, S. McGRATH and J. TANNER.

R.B. STEPHENS, B.Sc., M.P.S., Chief Pharmacist, Health Centre, 20 Longsmith Street.

F.L. MAYO, M.P.S., Chief Pharmacist, Health Centre, 11 Barton Street.

Miss G. GAPPER, Home Teacher for the Blind.

Miss G.M. HOLLOWAY, Home Teacher for the Blind.

Miss V.C. MARSON, L.C.S.T., Speech Therapist.

E.T. CHINN, Ambulance Officer.

H.J. HARVEY, Chief Clerk and Duly Authorised Officer.

Eight whole-time and three part-time clerks, including two Duly Authorised Officers; one whole-time, one part-time School Health Service clerks, two Dental Attendants, whole-time, and two part-time Assistants, in conjunction with the Education Committee; one Disinfecting Officer and three Rodent Operatives.

HEALTH SERVICES.

Health Department,
Priory House, Greyfriars
Telephone 24416/7.

Clinics and Centres.

Ante and Post Natal Clinics, Nurses' and Doctors'
Health Clinic, Brunswick Road. Sessions by appointment.
(Telephone - 23253) Bookings, Mondays at 9.30a.m.

Relaxation Classes, By appointment.
11 Barton Street.

Health Centres - 20 Longsmith Street, (Telephone - 22362)
11 Barton Street, (Telephone - 22682)

Infant Welfare Centres:-

Trinity Baptist Church Sunday School, Selwyn Road....	Tuesdays, 2 p.m.
Mission Hall, Sherborne Street... ..	Wednesdays, 2 p.m.
St. Stephen's Church Hall, Linden Road.	Wednesdays, 2 p.m.
Community Centre, Matson.	Wednesdays, 2 p.m.
St. George's Hall, Lower Tuffley.	Alternate Thursdays, 2 p.m.
St. Michael's Hall, Lower Tuffley.	Alternate Thursdays, 2 p.m.
Tyndale School, Stratton Road... ..	Fridays, 2 p.m.
Church Hall, Coney Hill.	Fridays, 2 p.m.
Elmscroft Community Centre, Barnwood Road.. ...	Fridays, 2 p.m.

General:-

Chest Clinic, Gloucestershire Royal Hospital, Great Western Road	By appointment.
Tuberculosis Immunisation Clinic	By appointment.
Immunisation against Diphtheria, Whooping Cough, Smallpox and Poliomyelitis	Fridays, 2.30 p.m. or by appointment.

School Health Service.

School Minor Ailment Clinics are held as follows:-

Health Clinic, 2 Spa Villas, Montpellier... .. Monday and Friday mornings.

Also at the following schools:-

Finlay Road, Open Air, Coney Hill, Grange Road, Lower Tuffley and Archdeacon Street.

School Dental Clinic, Brunswick Road (Telephone - 20436) By appointment (except for emergencies).

Child Guidance and Speech Therapy Clinics,
43 Southgate Street, (Telephone - 26319)... .. By appointment.

Medical provision for all other physical disabilities is made in association with the local hospitals.

Ambulance Service.

Ambulance Station, Eastern Avenue, (Telephone 25055/6).

Health Department,
Priory House, Greyfriars,
Gloucester.

To the Mayor, Aldermen and Councillors
of the City of Gloucester.

I have the honour to present my Annual Report for 1958 on the work of the Public Health Department.

I would draw attention to special notes that have been written at the beginning of each Section, and to the special report on the work of the V.D. Clinics written by Dr. A.E. Tinkler of the South Western Regional Hospital Board and the work of the Chest Clinic written by Dr. F.J.D. Knights, Senior Chest Physician.

Immunisation against Anterior Poliomyelitis.

A great deal of time has been taken up by this campaign, so much so that some routine work has suffered, but this was inevitable. In due course it will take its place with the other immunising procedures and cause no extra work.

Opportunity might be taken to point out that the Minister of Health feels bound to announce to Parliament his decisions on matters such as the use of Salk Vaccine, the age ranges to be offered immunisation and the number of injections to be given. In doing this he is making a public announcement; and General Practitioners as well as Medical Officers of Health learn first of these decisions in their morning papers or over the wireless, as do all other citizens. It is embarrassing, therefore, to have enquiries that same morning from anxious people who want to know when they can be immunised. The answer depends primarily on the supplies of vaccine the Minister will send (and we have not been told this), and secondly on planning a campaign to offer everyone eligible immunisation in some ordered way. The record keeping alone is very important, so that persons can be given appointments for their second and third injections at the right time.

An illustration of the problems caused by sudden Ministerial pronouncements was the decision in September both to increase the age of persons eligible for immunisation from 15 to 26, at the same time increasing the course of injections from two to three. The first of these pronouncements almost doubled the number of eligible people, and we hadn't had enough vaccine or time to complete two injections of the under-15s. by then; whilst the second, offering a third injection for everyone from 0 - 26 virtually added the same number again, to say nothing of having to go through the thousands of cards filed away for those who had already had two injections.

If it were possible to give some warning confidentially of the possibility of such pronouncements, one could at least be preparing a scheme to meet it. Such warnings were common in war time to meet possible emergencies, and even though all didn't materialise it was very helpful to have them.

Day Nursery.- Reference will be found in the report to the Health Committee's decision to close its last Day Nursery.

Shortage of Midwives.- The Matrons of the Maternity Hospital and of the Domiciliary Midwifery service are becoming concerned about the increasing difficulties in recruiting both sufficient trained staff and also pupils. So far, adequate numbers have been obtainable, but the position is uncertain. Whereas pupils were booking their places for training months in advance, and from those who stayed on after qualification a full trained staff was kept up, now vacancies are often filled at the last moment, and there is a shortage of pupils overall.

Accident Prevention Week.- A special report is included on a Week's Campaign held in Gloucester to draw attention to the dangers from Burns and Scalds, especially in young children.

Chief Public Health Inspector's Report.- In addition to many interesting points in Mr. Williams's report it might be noted that in spite of efforts of his staff to catch black rats on ships coming into the port, and in spite of efforts by staff from the Ministry of Agriculture to the same end, none was caught. Black rats are the carriers of the flea which in turn carries the organism causing Plague. It is gratifying to think that the work of the Port Health Authorities in all parts in the world is contributing to the elimination of this menace, at least inasmuch as it is carried about in ships. The last time any were caught in this Port was in 1955.

Another interesting point is the considerable increase in the number of cafés and restaurants. It will also be noted from the figures that there has been a decrease in the number of licensed premises, and whilst the latter is true, the main cause of the decrease is due to a reclassification. Where a hotel for instance has a Kitchen and Dining Room, then it is now classed as a Restaurant only, as being the major Public Health interest. Even so, the increase in the number of premises where food of all kinds is served is real and greatly increased. This probably reflects a change in our eating habits.

Obituary.—It is with regret that I have to refer to the death of Mr. J. Pegler, Senior Rodent Operator at the age of 63. Mr. Pegler had not enjoyed good health for the past year or two but had carried on his work faithfully until overtaken by his final illness. He was a very loyal and faithful colleague.

In conclusion I would again thank the Public Health Committee, and particularly its Chairman, for the courtesy and consideration with which I have been treated, and for its active interest in the work.

I also wish to thank the whole staff of this department for their continued support; and my colleagues in other departments for their helpful co-operation.

I beg to remain

Your obedient Servant,

Charles Cookson

Medical Officer of Health,
Principal School Medical Officer
and Port Medical Officer.

SECTION A.

STATISTICAL CONDITIONS OF THE AREA.

General Statistics - 1958.

Area (Estimated)	5,340 acres.
Estimated Home Population	68,400.
Area comparability factors	Births 0.99. Deaths 1.06.
Number of inhabited houses at end of year according to Rate Books ...	19,234.
Rateable Value	£935,109.
Sum represented by a Penny Rate (estimated)	£3,775.

Vital Statistics - 1958.

In general these were satisfactory, though again it must be noted that a small variation in actual numbers produces a considerable variation in rates or percentages. This is well illustrated in the figures given below. Furthermore last year's figures were so very favourable that this variation is magnified.

There were 50 more births than last year, giving a total of 1,205. Of this total 64 were illegitimate (8 less than last year). The birth rate of 17.6 is considerably above the national figure of 16.4 per 1,000 of population.

There was an increase of 11 stillbirths, giving a rate of 25.7 per 1,000 total births.

Infantile deaths rose by 10 to a total of 30, giving a rate of 25.3 per 1,000 live births. Of these, 19 died in the first month of life. It is interesting to note that no illegitimate child died under 12 months of age, which is very unusual in view of their greater risk.

There was unfortunately, 1 woman who died as a result of pregnancy, giving a Maternal Mortality rate of 0.83 per 1,000 total births. This is about twice the rate for the country as a whole. Last year there was no such death and the rate was therefore nil. This illustrates forcibly the point made above of the swing in rates due to variation in actual numbers when dealing with small populations.

Total deaths were 8 less than last year giving a rate of 10.8 per 1,000 population, which is well below the national figure of 11.7.

Death rates from both tuberculosis and cancer were slightly up.

	<u>Males.</u>	<u>Females.</u>	<u>Total.</u>	
<u>Live Births.</u> Legitimate.	590	551	1141	Rate per 1,000 of the estimated resident population - 17.6
Illegitimate.	28	36	64	
Total	618	587	1205	
	<u>Males.</u>	<u>Females.</u>	<u>Total.</u>	
<u>Stillbirths.</u>	16	15	31	Rate per 1,000 total (live and still) births - 25.7
<u>Deaths.</u>	367	369	736	Death rate per 1,000 of the estimated resident population - 10.8

Deaths from Pregnancy, Childbirth and Abortion 1

Death Rate of Infants under One year of age:-

All infants per 1,000 live births (Total = 30)	25.3
Legitimate infants per 1,000 legitimate live births (Total = 30) ..	26.3
Illegitimate infants per 1,000 illegitimate live births (Total = Nil)	Nil

Deaths from Measles (all ages) 1

Deaths from Whooping Cough (All ages) Nil

Deaths from Gastritis, Enteritis and Diarrhoea (under 2 years of age). Nil

Vital Statistics- 1949-1958.

Live Births.

Year	Legitimate		Illegitimate		Total	Rate per 1,000 of the estimated Resident Population.	
	Male	Female	Male	Female		Gloucester (unadjusted)	England and Wales
1949	553	537	35	34	1159	17.9	16.7
1950	545	497	37	25	1104	16.3	15.8
1951	553	518	31	35	1137	16.2	15.5
1952	535	497	22	38	1092	16.4	15.3
1953	553	504	26	29	1112	16.7	15.5
1954	577	492	33	31	1133	16.9	15.2
1955	520	500	23	30	1073	15.9	15.0
1956	585	518	32	31	1166	17.3	15.7
1957	524	559	41	31	1155	17.0	16.1
1958	590	551	28	36	1205	17.6	16.4

Stillbirths.

Year	Male	Female	Total	Rate per 1,000 total (live and stillbirths)
1949	9	6	15	12.7
1950	14	17	31	27.3
1951	12	14	26	22.3
1952	15	4	19	17.1
1953	14	23	37	32.2
1954	13	6	19	16.5
1955	5	11	16	14.7
1956	12	14	26	22.3
1957	10	10	20	17.0
1958	16	15	31	25.7

Deaths.

Year	Male	Female	Total	Death rate per 1,000 of the Estimated Resident Population.	
				Gloucester	England & Wales
1949	411	356	767	11.8	11.7
1950	392	377	769	11.3	11.6
1951	443	374	817	11.6	12.5
1952	360	324	684	10.3	11.3
1953	390	343	733	11.0	11.4
1954	378	353	731	10.9	11.3
1955	380	385	765	11.3	11.7
1956	376	354	730	10.8	11.7
1957	413	341	754	11.1	11.5
1958	367	369	736	10.8	11.7

Maternal Mortality.

Year	Deaths	Rate per 1,000 Live and Still Births			
		Puerperal and Post Abortive Sepsis	Other causes	Total	
				Gloucester (unadjusted)	England and Wales
1949	Nil	Nil	Nil	Nil	0.98
1950	2	Nil	1.76	1.76	0.86
1951	Nil	Nil	Nil	Nil	0.79
1952	1	Nil	0.90	0.90	0.72
1953	Nil	Nil	Nil	Nil	0.76
1954	1	Nil	0.90	0.90	0.69
1955	Nil	Nil	Nil	Nil	0.64
1956	1	Nil	0.84	0.84	0.56
1957	Nil	Nil	Nil	Nil	0.46
1958	1	Nil	0.83	0.83	0.43

Number of Deaths and Death-Rate of Infants
under One Year of Age.

Year	Number of Deaths			Death-Rate of all Infants per 1,000 Live Births	Death-Rate of Legitimate Infants per 1,000 Legitimate Live Births	Death-Rate of Illegitimate Infants per 1,000 Illegitimate Live Births
	All Infants	Legitimate Infants	Illegitimate Infants			
1949	47	40	7	40.5	36.7	101.4
1950	29	26	3	26.3	24.9	48.4
1951	41	37	4	36.1	34.5	60.6
1952	26	23	3	23.8	22.2	50.0
1953	38	36	2	34.2	34.0	36.4
1954	23	21	2	20.3	19.6	31.2
1955	20	20	Nil	18.6	19.6	Nil
1956	32	30	2	27.4	27.2	31.7
1957	20	18	2	17.3	16.6	27.7
1958	30	30	Nil	25.3	26.3	Nil

Causes of Death, 1958.
(Showing the Three Main Causes).

Disease	Sex	Age Groups					Total
		0-25	25-45	45-65	65-75	75+	
Tuberculosis - all forms	M	-	3	6	2	-	11
	F	-	1	2	-	-	3
Cancer - all forms	M	2	6	28	18	9	63
	F	-	4	19	22	18	63
Heart diseases and diseases of the circulation - all forms.	M	-	3	42	49	79	173
	F	-	8	28	44	121	201
All other causes	M	22	3	26	30	39	120
	F	17	5	20	13	47	102
Total Deaths - all causes	M	24	15	102	99	127	367
	F	17	18	69	79	186	369
TOTALS		41	33	171	178	313	736

Infant Mortality.

Deaths from stated causes under one year:-

Congenital malformations	5
Influenza	2
Meningococcal Infections	1
Pneumonia	2
Other defined or Ill-defined diseases	19
Accidents	1
	<u>30</u>

Details of Neo-Natal deaths (of children dying within the first four weeks of being born) included in the above Infant Mortality figures are as follows:-

Pneumonia	1
Congenital malformations	2
Other defined or Ill-defined diseases	16
	<u>19</u>

The Neo-Natal Death Rate therefore, was 15.8 per 1,000 live births.

Cancer Deaths - 1958.

The 126 deaths shown overleaf are divisible under the following main causes, as grouped by the Registrar General.

	Sex		Total
	M	F	
Stomach	5	5	10
Lung and bronchus	26	3	29
Breast	1	14	15
Uterus	-	5	5
Other	29	35	64
Leukaemia.	2	1	3
TOTALS	63	63	126

Table Showing Incidence of Cancer, 1934 - 1958.

Year	Deaths from Cancer	Percentage of total Deaths registered	Death-Rate per 1,000 Population	Sex	At ages -- Years			
					Under 25	25-45	45-65	65-up
1934	85	12.8	1.61	M	-	1	21	23
				F	-	3	14	23
1935	95	13.5	1.67	M	-	2	12	25
				F	-	1	19	36
1936	101	13.9	1.78	M	-	2	24	31
				F	-	5	18	21
1937	84	11.1	1.17	M	-	1	14	19
				F	-	3	20	27
1938	85	11.7	1.53	M	-	-	14	23
				F	-	3	16	29
1939	97	12.9	1.67	M	-	4	14	23
				F	-	4	24	28
1940	91	10.0	1.50	M	7		14	22
				F	4		16	28
1941	97	12.0	1.49	M	4		13	31
				F	6		22	21
1942	114	14.8	1.76	M	4		17	27
				F	5		25	36
1943	111	13.0	1.90	M	2		16	29
				F	6		30	28
1944	110	15.4	1.76	M	4		18	27
				F	2		27	32
1945	102	12.9	1.63	M	7		19	28
				F	11		11	26
1946	118	15.4	1.86	M	1		23	33
				F	6		22	33
1947	108	14.4	1.69	M	4		17	29
				F	9		23	26
1948	106	14.5	1.65	M	3		24	30
				F	5		16	28
1949	110	14.3	1.70	M	1		23	27
				F	8		23	28
1950	120	15.6	1.77	M	4		31	27
				F	9		18	31
1951	122	14.9	1.74	M	2		33	36
				F	7		18	26
1952	112	16.4	1.68	M	4		24	36
				F	6		11	31
1953	98	13.4	1.47	M	5		13	27
				F	6		18	29
1954	129	17.6	1.93	M	5		26	33
				F	5		29	31
1955	133	17.3	1.97	M	7		28	30
				F	6		23	39
1956	126	17.3	1.87	M	2		38	27
				F	5		29	25
1957	108	14.4	1.59	M	6		29	24
				F	2		14	33
1958	126	17.1	1.84	M	8		28	27
				F	4		19	40

SECTION B.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 22 - Care of Mothers and Young Children.

Although there has been no change in accommodation at the Ante Natal and Post Natal Clinics, it is anticipated that there will be an improvement in the near future, and it is hoped the building of a new Clinic will follow soon after.

The figures below show a still further increase in the work done at the Ante Natal and Post Natal Clinics, and at the Infant Welfare Centres.

Report on Work at the Ante Natal and Post Natal Clinics
and Infant Welfare Centres.

Ante Natal and Post Natal Clinics.

Number of sessions held per month	29
Number of new cases during the year (not including 436 post natal)	1861
Number of attendances at ante-natal clinic	8829
Number of attendances at post natal clinic	471
Number of women who attended during the year (not including 436 post natal)...	2342
Number of attendances by Midwifery students	503

Infant Welfare Centres.

Number of centres provided at end of year	9
Number of sessions now held per month at centres	32
Number of children who attended during the year and who were born in:-	
1958... ..	336
1957... ..	754
1956 - 1953.	482
Total number of children who attended during the year	2072
Number of attendances during the year made by children who at the date of attendance were:-	
under 1 year	11683
1 but under 2	2591
2 but under 5	852
Total attendances during the year	15126
Number of Doctors' consultations:-	
Children under 1 year.	4719
Children over 1 year..	615
Number of children immunised at centres	1170
Number of injections given at centres	3086

Public Health Laboratory Work.

The following Ante Natal figures relate to all cases attending the City Clinics, and include all cases for domiciliary confinement in the City, together with all cases booked for the City Maternity Hospital, whether resident in the City or surrounding County.

Haematology (Blood Tests)	7184
Bacteriology (Catheter specimens, swabs, etc.)	38
Bio Chemistry (Glucose tolerance tests, blood sugars etc.)	32

Prematurity, Stillbirths and Abortions.

There were 15 premature live infants born at home. There were 29 stillbirths, of which 12 were under 5½ lb.

Weight at Birth	Premature Live Births						Premature Stillbirths		
	Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3lb.4ozs. or less.	1	1	-	1	-	-	7	4	-
Over 3lb.4ozs. up to and including 4lb.6ozs.	-	-	-	-	-	-	-	-	-
Over 4lb.6ozs. up to and including 4lb.15ozs.	4	-	4	-	-	-	1	-	-
Over 4lb.15ozs. up to and including 5lb.8ozs.	9	-	9	-	-	-	-	-	-
TOTALS	14	1	13	1	-	-	8	4	-

Dental Treatment of Mothers and Young Children.

Owing to the resignation of the Principal School Dental Officer (our only whole-time Dental Surgeon), who is also responsible for this work, and a gap that occurred before his successor could be appointed, the figures below show a decrease on the work of last year. As in School work, this reflects on the great scarcity of dental surgeons in this country.

Numbers provided with Dental Care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	204	134	67	30
Children under five	172	168	166	3

Forms of Dental Treatment provided.

	Scalings and Gum Treatment.	Fillings	Silver Nitrate Treatments	Crowns or Inlays	Extractions	General anaesthetic	Dentures		Radio graphs
							Full upper or lower	Partial upper or lower	
Expectant and Nursing Mothers.	2	-	-	-	352	3	29	26	-
Children under five	-	-	-	-	321	160	-	-	1

Day Nursery.

This will be the last report on a full years' working of Day Nurseries. From having four Day Nurseries with a capacity of 146 places during the war, the lessening demand has meant the closure of one after the other. The third to close down was in 1952, and this fourth has been kept on, with a dwindling attendance, to meet the need of a hard core of cases which would have difficulty in finding care for the children elsewhere, and also in case any serious alterations in the employment position locally might mean a revived need. This Nursery, with 40 places, has had an average daily attendance for the past five years of only 12; in fact in 1958 it was 8. Run on the most economical lines, the cost has risen to £2,000 per annum, of which £785 is recovered in fees.

The Health Committee has therefore decided to close Bath Place Day Nursery early next year.

Attendances.

Nursery	Number of Approved Places		Number of Children on the Register at the end of the Year		Average Daily Attendance during the Year	
	Under 2	2 - 5	Under 2	2 - 5	Under 2	2 - 5
Bath Place	15	25	2	10	3	5

Moral Welfare.

It is with very great regret that I heard of the intending resignation of Miss A.E. Hey, the local Social Worker of the Gloucester Diocesan Association for Moral Welfare. This work involves much evening work, and is very difficult in that it means discussing intimate family problems often of a distressing kind, yet in such a way that a constructive line can be taken for the good of all members of the family. Miss Hey approached her work with a sense of vocation and was remarkably successful. The mere record of cases for which the Health Committee paid to go to Mothers and Babies Homes is little indication of all she did. Her practical but kind influence will be missed.

Number of cases sent to Mother and Baby Homes:-

Expectant Mothers	10
Post Natal cases	3

Distribution of Welfare Foods.

In July 1954 this work was transferred from the then Ministry of Food to the major local authorities.

In the tables at the end of this section will be found a comparison of foods distributed during the four complete years since then. Vitamin tablets and Cod Liver Oil are free, and in 1954 the price of a tin of National Dried Milk was 10½d. whilst a bottle of Orange Juice cost 5d.

Those eligible for the Foods are children up to the age of five, and expectant and nursing mothers, all on a certain basis.

In April 1957, the price of a tin of National Dried Milk was increased to 2/4d, and in October of that year the issue of Orange Juice was restricted to children up to the age of two only. There have been no other changes.

As I remarked last year, the drop in sales of National Dried Milk will be noted, but there is reason to think that children are getting their proper amounts still. Previously it is thought that all possible tins had been bought at the cheap rate of 10½d, and used for other members of the family. Even at 2/4d. a tin the milk is very much cheaper than similar dried milks bought in shops.

	1955	1956	1957	1958
National Dried Milk - tins	51522	53101	46119	41463
Cod Liver Oil - bottles	8321	8123	6669	4698
A & D Vitamin Tablets - packets	3845	3854	3820	3863
Orange Juice - bottles	57369	62534	68539	50673

Section 23 - Midwifery.

Domiciliary Midwifery continues to be carried out on behalf of the Health Committee by the Gloucester District Nursing Society, and it has been efficiently done as usual, under the general supervision of the Superintendent, Miss Walton.

The provision of hospital accommodation remains the same as last year. The forthcoming Cranbrook Report may raise this subject at a national level, and it would be wise to make no further comment at present.

The shortage of midwives both on the district and in hospital is throwing more work on those at present working. If inadequate salaries are a contributory cause, and there is reason to think that they are, then these should be speedily remedied. The profession of a midwife involves continuous hard work, often at irregular hours, and this alone would seem to justify special re-consideration of the present salary scale.

Number of new cases:-

Doctor not booked - present	Nil
Doctor not booked - not present	9
Doctor booked - present... ..	87
Doctor booked - not present	518
Number of Midwifery visits	10923
Number of Maternity visits	2844
Number of Ante Natal visits	5551
Number of Post Natal visits	444
Number of Casual visits	1275
Total number of visits made	21037
Number of cases on books being nursed at 1.1.58 ...	21
Number of cases on books being nursed at 31.12.58 .	21

Medical Assistance Called in Domiciliary Cases by Medical Help Forms:-

Condition of Mother..	220
Condition of Child... ..	32
Miscarriages	Nil
TOTAL	252
Number paid by Local Authority.	2

Section 24 - Health Visiting etc.

The training scheme has continued to be the main source of obtaining these highly qualified members of staff, and this year four students attended the course at Oxford. We have been fortunate to have had this number, for in general, Health Visitors and Students are not readily available.

The ordinary work of every Health Visitor has this year been seriously interrupted by the campaign of immunisation against anterior poliomyelitis. Nevertheless great efforts have been made to keep pace with other work as the following figures show, especially the figures showing attendances at Clinics. Health Visitors attended over 200 more sessions in connection with immunisations and vaccinations this year than last year. Each session occupies a full morning or afternoon.

The following is a summary of the work carried out by the Health Visiting Staff:-

No. of visits to Homes:-

No. of first visits to expectant mothers	517) 702
No. of re-visits to expectant mothers	185	
No. of first visits to children under 1 year	1156	) 6218
No. of re-visits to children under 1 year	5062	
Total No. of visits to children:-		
1 and under 2 years..	3508	
2 but under 5 years..	5928	
Total	16356	

Other cases:-

Deaths investigated	Nil
Stillbirths investigated	Nil
Houses inspected and reported	Nil
Infectious diseases	501
Tuberculosis.	796
Post Natal... ..	141
Mental defectives.	246
Hospital follow-ups	126
Aged people..	661
Home Help	751
Sundry..	1836
Unsuccessful.	696
School Health Service..	392
TOTAL... ..	<u>6146</u>
TOTAL NO. OF VISITS	<u>22502</u>

Attendances at Clinics etc.

Relaxation Classes	253
Infant Welfare	893
Influenza Immunisation.	14
Poliomyelitis Vaccination... ..	171
Poliomyelitis Vaccination at Schools	88
Health Education Talks.	30
Schools Vaccination and Immunisation..	90
Schools Minor Ailments.	469
Schools Medical Inspections (incl. Eye Testing).	295
Schools Head Inspections	227
Tuberculosis (incl. B.C.G. and Mantoux)	152
Hospital	91
Any other Clinics, Meetings etc..	<u>204</u>
TOTAL	<u>2977</u>
Health Talks.	106

Section 25 - Home Nursing.

As with Domiciliary Midwifery this service is also carried out by the Gloucester District Nursing Society.

The Society also trains District Nursing Students (as well as Midwifery Students in Part II). The recent recommendations to shorten the training period from ~~three~~ ^{four} to two months are not convincing, and allowing for the need to keep post graduate training of State Registered Nurses to a minimum when taking extra qualifications, the Society and the Health Committee considers that any shortening of the course can only be achieved by cramming and a loss of practical training, which is the essence of the course.

Number of cases attended during the year:-

Medical.	1372
Surgical	317
Infectious diseases	1
Tuberculosis.	6
Maternal complications.	70
Others..	<u>3</u>
TOTAL NO. OF CASES	<u>1769</u>
Number of cases on books at 1.1.58	319
Number of cases on books at 31.12.58	302

Visits paid to all patients:-

Number of Medical visits	48354
Number of Surgical visits	8381
Number of Infectious diseases visits.. ...	2
Number of Tuberculosis visits	377
Number of Maternal complications visits	238
Number of other visits	<u>7</u>
TOTAL NO. OF VISITS	<u>57359</u>
Number of Night Nursing visits (included above).	606

Section 29 - Domestic Help.

There are no whole-time Home Helps, but the number of part-time Helps has been increased from 43 to 49. On an average each works 25 hours a week. The Health Committee granted this increase to meet the growing demand, especially from the elderly. Even so, the need is not met and the Committee is considering a further increase.

The figures below show the distribution of cases attended, also the cost to the Committee and the amount recovered, after assessment. Every case is considered individually and where an applicant feels unable to meet the charge as assessed according to an approved scale, it is considered by a special Sub-Committee.

No. of Domestic Helps employed at 31st December 1958:-

Whole-time	...	...	...	...	...	...	...	...	Nil
Part-time	...	...	...	...	...	...	...	...	49

No. of cases where Domestic Help was provided during the year:-

Maternity..	...	...	...	...	...	...	...	...	42
Tuberculosis	...	...	...	...	...	...	...	...	7
Chronic sick (incl. aged and infirm)	...	...	...	...	...	...	...	...	268
Others	...	...	...	...	...	...	...	...	56
TOTAL...	...	...	...	...	...	...	...	...	<u>373</u>

Analysis of cases served:-

	<u>Paying</u> <u>cases</u>	<u>Free</u> <u>cases</u>	<u>Total</u>
Maternity	42	Nil	42
Tuberculosis	5	2	7
Blind	Nil	7	7
Illness	45	11	56
Chronic sick and Old Age Pensioners..	93	168	261
TOTALS	185	188	373

Cost of Service (1958/9) estimated £10,635.

Recovered from Paying Cases (1958/9) £1,100.

Section 26 - Vaccination and Immunisation.

Vaccination against Smallpox continued at the low level of 8% of children in their first year of life. In children between one and two years, little over 2% more were protected.

Immunisation against Diphtheria showed an improvement in that about 30% children from 0 - 5 were done. This is by no means a good response, but rather reflects the small amount of time Health Visitors could give to this work, as they had to give so much to protection against anterior poliomyelitis. For the same reason there was a very small response to immunisation against whooping cough.

In the early part of the year, eleven sessions were given to immunising certain specially exposed groups against the prevailing Influenza epidemic. Those chiefly concerned were Nurses, Home Helps and Ambulance Drivers. Special arrangements were made to supply doctors with serum for themselves.

Immunisation against anterior poliomyelitis took up a considerable amount of the working time of every doctor, health visitor and most clerks on the staff. By January the campaign had got really under way. The year's programme was marked by certain incidents.

There was a shortage of both British vaccine and also British tested Salk vaccine in March and April which limited work. In May, Salk vaccine which had not been tested in Britain became available and with negligible exceptions was accepted readily by all.

In September the Minister announced an extension of the age for eligible persons from 15 to 26, and at the same time stated that a third injection ("booster" dose) should be offered to everyone not earlier than seven months after their second. These extensions of the scheme will more than double our obligations, and as Ministerial pronouncements are made publicly and with no previous warning, a halt was called and the whole position reviewed. During this halt an effort was made to catch up a little with other Public Health work which had been neglected, and injections were not resumed until the latter half of December, when the new and extended programme began.

1. Against Smallpox.

Age at date of Vaccination	Under 1	1	2 - 4	5 - 14	15 or over	Total
Number vaccinated	96	28	15	17	42	198
Number re-vaccinated	-	-	6	6	63	75

There were no "Specially Reported" cases during 1958 as showing complications from Vaccination.

2. Against Tuberculosis.

Number of persons vaccinated under the Contact Scheme 55

3. Against Poliomyelitis.

Number given Second Injection during Year.

Born 1943 - 1957..	...	...	...	...	...	...	...	...	...	7976
Born 1933 - 1942..	...	...	...	...	...	...	...	...	...	665
Expectant Mothers	...	...	...	...	...	...	...	...	...	63
Others..	...	...	...	...	...	...	...	...	...	138
TOTAL										8842

Number given Third Injection during Year.

All groups... .. 551

Number given only One Injection at 31st December 1958.

All groups... .. 417

Total Number who had received Two Injections, 1956 - 1958.

All groups... .. 11215

Number at 31st December awaiting Vaccination. 993

4. Against Diphtheria.

Number of children who had completed a full course of Immunisation at any time up to 31st December 1958.

Age at 31st December 1958 i.e. Born in Year	0-1 1958	1-4 1957-54	5-9 1953-49	10-14 1949-44	Total under 15
Last complete course of injections (whether primary or booster)	360	2303	2906	2065	7634
1952 or earlier	-	-	1597	2651	4248
Estimated mid-year child population	1200	4300	10800		16300
Immunity Index	30.0	53.5	46.0		46.8

There were no notifications of Diphtheria in 1958.

Section 27 - Ambulance Service.

I give below the Report of Mr. Chinn, Ambulance Officer:-

"During the year a total of 26,797 calls were answered with 27,195 patients carried, showing an increase of 902 cases and 566 patients conveyed over 1957. There was also an increase of 3,215 miles, being 133,604 against 130,389 in 1957. It is interesting to note that ambulance/stretchers cases accounted for most of the increase in both calls and mileage, but even then Sitting Cases still remain at roughly 76% of the total calls.

In previous years Emergency Calls, other than Accident Cases, have been included with Removals, but now those have been separated and for the year there were 1,629 calls answered. Such calls as urgent admissions to hospitals, inter-hospital transfers for urgent operations and Flying Squad cases come under this heading.

The "zoning" of treatment cases mentioned in the 1957 report could not be operated fully owing to the various departments patients have to attend at the several hospitals within the City, but the hospitals concerned have co-operated in a very helpful way in arranging times to couple with the various districts, whereby patients are being returned home after shorter waiting periods.

There was a small reduction of 24 cases conveyed by rail, the figures being 145 against 169 in 1957. The ready co-operation of the St. John Nursing Division and the British Red Cross Society who act as escorts, is very much appreciated, and helps the Service considerably. For the year in question a check has been made of the mileages that would have been covered if the patients had been conveyed by ambulances the whole way, and this proved a total of 43,152 miles. From this it may be seen that there is a considerable saving to local authorities both in vehicles and man power by rail travel.

Radio Control continues to be the important centre of the Service. I would mention that on one instance, five '999' calls were received within fifteen minutes, and all were answered immediately by vehicle diversion.

The Stephenson Minuteman Resuscitator purchased during the year has proved a valuable asset in life saving. Whenever it has been used, remarkably quick results have been achieved. Demonstrations of this apparatus have been given to a number of organisations in the City who are interested in First Aid.

In November a "Major Accident" test was held, with the incident point at Cole Avenue, near the Bristol Road, to try out the Station Standing Orders for such emergencies. The test was in every way successful, ten ambulances being used and fifty cases being notionally removed during the thirty minutes the test lasted.

Several false calls were received during the year and in two instances Police proceedings were taken.

All the Ambulance personnel have been re-examined in First Aid, and passed. No additional staff has been engaged. The Assistant Mechanic, having reached the age limit, left the Service at his own request. Another Mechanic was appointed. One Telephonist also left to take up another position, and he was replaced.

Two new Sitting Case Dual Purpose Ambulances were purchased to replace ambulances that had been in service for over ten years. The new ambulances have the latest additional features that mean so much to the patients' comfort.

The Hospital Car Service conveyed 319 cases and covered 8,200 miles, showing an increase of 146 cases and 2,310 miles.

Civil Defence training has continued throughout the year. A Local Trained Instructors Course was also held, at which fifteen candidates attended. Nine were successful at the examination. One of those who passed has since attended the Central Home Office School at Falfield for a Conversion Course, and was successful in obtaining a Full Certificate. Exercises have been held at various places in the Region, and members of the Ambulance Casualty Collecting Section have either taken part or attended for instruction. I was appointed a judge for the Regional Civil Defence Competition, Zone 'A' at Cornwall, and for the Final at Bristol.

The main aim has been to continue to have an efficient Ambulance Service in the City, but at the same time taking every precaution that the costs are kept within most reasonable limits."

Total Calls during the Year.

Vehicle	City	County	Over Hospital	Inter Hospital	Other Authorities	Totals
Ambulances	3513	1596	159	1031	13	6312
Cars	12760	6196	349	1154	26	20485
Totals	16273	7792	508	2185	39	26797

Total Mileage during the Year.

Vehicle	City	County	Over Hospital	Inter Hospital	Other Authorities	Totals
Ambulances	17198	14123	1261	10080	199	42861
Cars	39338	40932	3560	6381	532	90743
Totals	56536	55055	4821	16461	731	133604

Additional mileage in connection with the Welfare and Education Departments, and transport for the Hospital Management Committee and the Ambulance Service, is as follows:-

Department.	1958.	1957.
Welfare	265	251
Hospital Management Committee	93	151
Education	Nil	12
Ambulance Service	4120	5171
Totals	4478	5585

Omnibus Mileage.		
Occupation Centre	11057	11600
Blind Persons... ..	1432	931
Disabled Persons	785	831
Totals	13274	13362

Children to Cheltenham Occupation Centre ... 3288 3525

Mileage in respect of Civil Defence Training, Driving Instruction and Civil Defence Exercises for the year was:-

	Ambulances.	Cars.	Omnibus.	Total.
Driving Instruction.. ...	305	1274	Nil	1579
Civil Defence Exercises	Nil	Nil	163	163
Totals	305	1274	163	1742

Summary of Cases for the Year.

	1958.	1957.
City Accidents	1259	1220
City Emergencies	1120)	14485
City Removals	13929)	
County Accidents	389	342
County Emergencies	509)	7149
County Removals.	6894)	
Over Hospital Cases	508	581
Inter-Hospital	2150	2122
Other Authorities	39	23
Totals	26797	25895

It will be noted that in Table 1, Inter-Hospital cases read 2185, and in the above list is shown as 2150. The difference of 35 cases is covered in City Emergencies as Inter-Hospital (City) Emergencies, and the total of City cases above has a plusage of 35 cases, (1259, 1120 and 13929 = 16308).

	1958.	1957.
Total mileage... ..	133604	130389
Total patients carried	27195	26629
Increase of mileage over 1957	3215	
Increase of cases over 1957	902	
Increase of persons carried over 1957	566	
Total vehicle journeys - Ambulances	3468	3138
Cars	4945	4893

Hospital Car Service.

	<u>1958.</u>	<u>1957.</u>
Total cases	319	173
Total mileage	8200	5890
Increase of cases over 1957	146	
Increase of mileage over 1957	2310	

Cases conveyed by Rail.

	<u>1958.</u>	<u>1957.</u>
Total cases conveyed by Train - Stretcher ...	27	17
Sitting	118	152
Totals	145	169

Section 28 - Prevention of Illness, Care and After Care.

Whilst there has been an increase in the numbers of tuberculosis notifications and deaths, it does not appear a significant one. These figures are put in better perspective in the Senior Chest Physician's Report which follows. This report emphasises the lessening number of new cases that occur year by year, but an actual increase in the elderly men and women over the age of 55, and what is more of all the new cases, there is an increasing proportion of moderately advanced cases when first seen, and a lessening number of minimal and advanced cases.

This means that the improvement in the tuberculosis notification rate is due to less cases occurring in the first half of life (especially in young girls, who used to have a high rate) and no improvement, in fact a deterioration, in those over 55.

The report not only gives figures for the City, but also for the northern half of Gloucestershire; as a result of these larger totals the trends can be more readily seen.

I also include statistics kindly supplied by Dr. J.B.W. Hayward concerning the work of the local Mass Radiography Unit. In the year, over 10,000 miniature films were used and 114 'significant' cases were discovered, i.e. something more than 10%. Happily, of these only a small proportion were found to have active disease of a very serious kind. Though the work involved is very great it would seem well worth while.

Report by F.J.D. Knights, M.D., M.R.C.P.

"The following tables compare the cases of phthisis which we have handled clinically, and refer to the whole Clinical Area, i.e. North Gloucestershire, including the City of Gloucester, for the years 1949 - 51 and for a corresponding three years, 1956 - 58.

The change after a seven year interval is striking.

Tables I and II refer to all cases of male phthisis. The diminution of the total number of new cases is almost 17%. Table I shows what was then the classic curve, i.e. the maximum incidence in the decade 25 - 34. Table II shows that the cases we are now getting arise much more evenly over the decades, but with more cases in the older age group, 55 - 64. This emphasis on older male tubercle is well shown in the shaded portion of the graphs, which give the numbers of cases of advanced phthisis, where it will be seen that along with the diminution in the total numbers of all age groups there is a real increase in the number of older males with advanced tubercle. This change is found throughout the Country, and the reasons for it are not fully understood. Hitherto one has tended to regard phthisis in the older man as a breakdown of earlier latent disease, but in a number of cases we have had it is evident that it is new disease.

Tables III and IV shows similar comparison of phthisis in women. Here the fall in the number of cases has been dramatic - a 42% fall over the seven-year period. Tuberculosis is becoming an uncommon disease in the age group in which it was most common formerly, i.e. the young women of 15 - 24, but here again one notes the absolute increase in the numbers of older women with advanced tubercle.

The usual tables are appended with the record of the results of contact examination. The number of new contacts examined from new cases discovered may seem relatively low but it must be remembered that contact examination often involves special visits to factories or to schools and these numbers are not included with the present figures.

NORTH GLOUCESTERSHIRE CHEST CLINIC

MALE

COMPARISON OF MALE PHTHISIS
YEARS 1949~51 SHOWING THE
PROPORTION OF ADVANCED PHTHISIS
(SHADED) IN RELATION TO TOTAL
MALE PHTHISIS
TOTAL CASES 419

120
NO OF
CASES

80

40

0

TABLE 1.

5-14 15-24 25-34 35-44 45-54 55-64 65+ ~ AGE GROUPS

120

NO OF
CASES

80

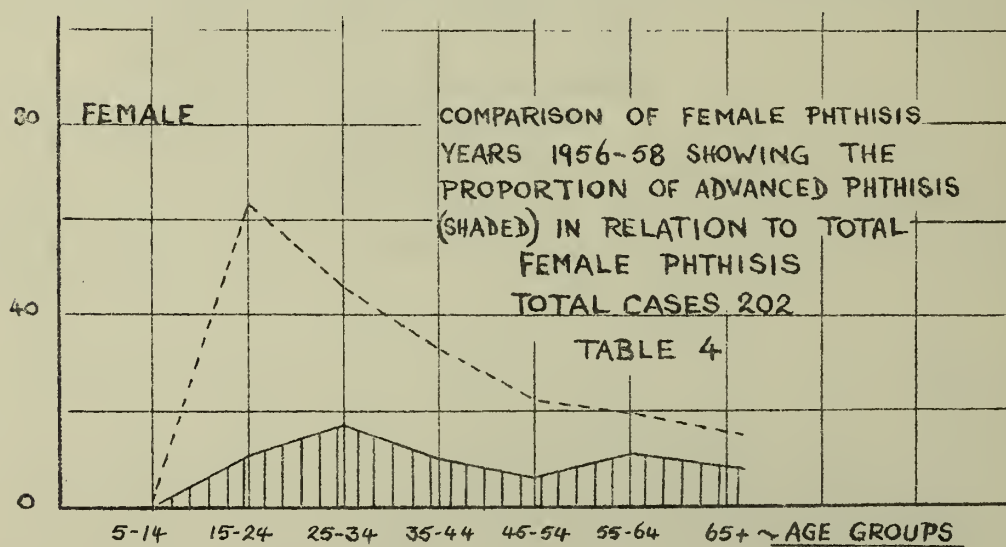
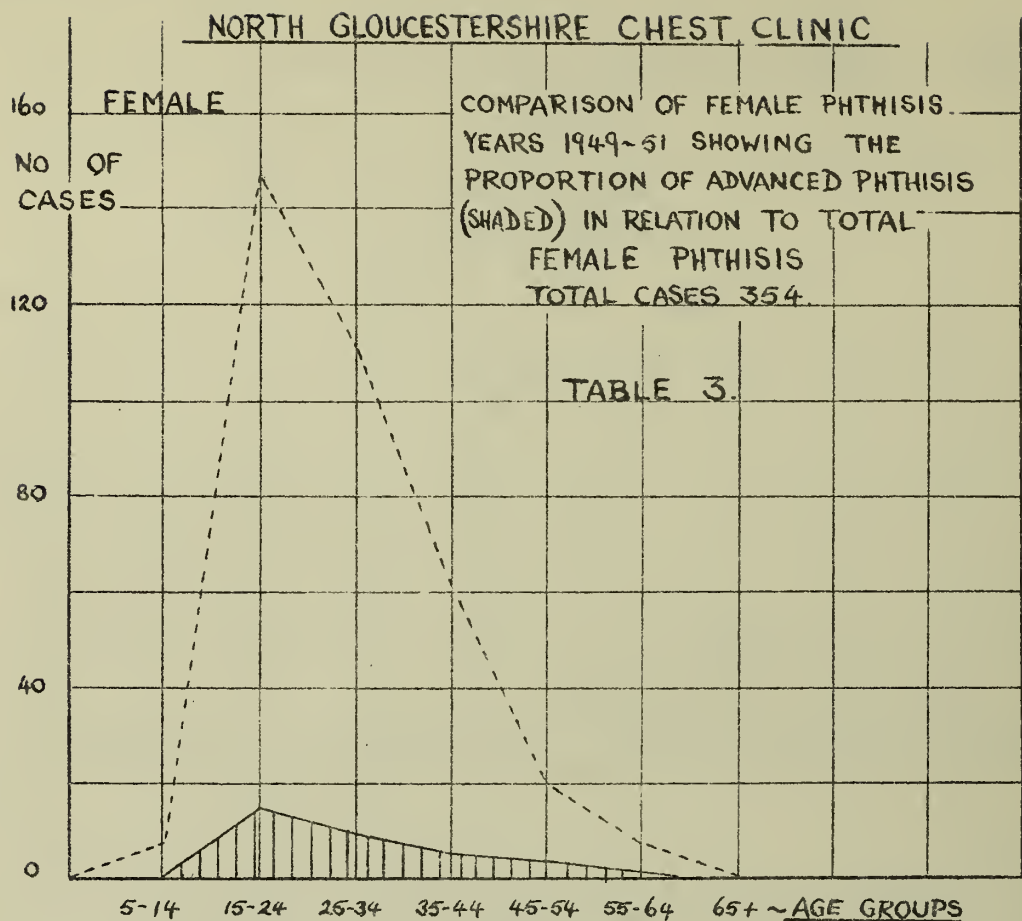
40

0

COMPARISON OF MALE PHTHISIS
YEARS 1956~58. SHOWING THE
PROPORTION OF ADVANCED PHTHISIS
(SHADED) IN RELATION TO TOTAL
MALE PHTHISIS
TOTAL CASES 348

TABLE 2.

5-14 15-24 25-34 36-44 45-54 55-64 65+ ~ AGE GROUPS



67 new cases of tuberculosis notified in the City of Gloucester were handled in the Chest Clinic service. They are analysed as follows:-

Abdominal, Orthopaedic and Cervical Glands.	Primary or post-primary infection.	Minimal Phthisis.	Moderate Phthisis.	Advanced Phthisis.	Total.
8	7	7	38	7	67

These numbers being comparatively small, the general trend is better seen in the Clinical Area figures for North Gloucestershire:-

22	27	30	121	22	225
----	----	----	-----	----	-----

Clinical Area.

Table I.

Number of New Cases of Phthisis and Severity at Time of Diagnosis.

Year.	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Total number	258	254	263	239	244	229	184	218	160	173
Minimal cases	31%	30%	20%	20%	18%	20%	20%	22%	22.5%	17%
Moderately Advanced Cases	50%	52%	69%	68%	67%	66%	71%	65%	65%	70%
Advanced Cases	19%	18%	11%	12%	15%	14%	9%	13%	12.5%	13%

Table II.

Source of Reference of Cases Analysed in Table I.

	1949+1950 (512 cases)	1951+1952 (502 cases)	1953+1954 (473 cases)	1955+1956 (402 cases)	1957+1958 (333 cases)
Referred from G.P's.	54%	43%	41%	44%	48%
Mass Radiography.	15%	30%	27%	26%	23%
Contact Organisation.	9%	7%	7%	7%	4%
Hospital, Forces, In-Transfer etc.	22%	20%	25%	23%	25%

City of Gloucester Contacts, 1958.

Contact examinations arising out of City cases of tuberculosis notified in 1958.

Adults. 161 in the under 45 age group were called, of whom 119 attended (74%). 59 in the over 45 age group were called, of whom 38 attended (64%). The overall response of adult contacts called for the first time was 71%. One infectious case of pulmonary tuberculosis was found as a result of these examinations.

Children. Of 62 children called, 4 did not attend at all, 2 were tuberculin positive and kept under clinic observation, 3 were notified as hilar adenitis and the remaining 53 were healthy, analysed as follows:-

Age 0 - 4.	Tub.+ve. Referred to G.P. and H.V. for observation.	1
Age 5 - 11.	"	4
Age 12 - 16.	" For M.M.R. follow up	3
Tuberculin negative.	Successfully B.C.G. vaccinated.	26
"	" Defaulted during B.C.G.	3
Tuberculin tested and/or x-rayed and discharged (at no further risk).		16

Mass Radiography Service.

Report of Survey - Gloucester City X-Ray by Unit 10D, 1958.

	Male	Female	Total
<u>Miniature Films.</u>	5320	5292	10612
<u>Large Films:-</u>			
Total recalled	158	104	262
Did not attend	4	-	4
Normal	78	66	144
Significant	76	38	114
Being investigated	-	-	-

Analysis of Tuberculous Cases.

<u>Active Tuberculosis</u>	<u>Under 15</u>	<u>15/24</u>	<u>25/34</u>	<u>35/44</u>	<u>45/59</u>	<u>60 & over</u>	<u>Total</u>
Male	-	3	3	3	3	-	12
Female	-	4	2	1	-	-	7
Total	-	7	5	4	3	-	19
<u>Under observation.</u>							
Male	-	3	3	3	1	2	12
Female	-	3	3	1	3	1	11
Total	-	6	6	4	4	3	23
<u>Inactive Tuberculosis.</u>							
Male	-	9	3	7	6	1	26
Female	-	1	3	1	3	-	8
Total	-	10	6	8	9	1	34

Cases previously detected (included in above tables).

	Male	Female	Total
Active	-	-	-
Under observation	2	2	4
Inactive	-	2	2

Non-Tuberculous Cases.

	Male	Female	Total
Malignant Neoplasms	4	-	4
Non Malignant Neoplasms	1	1	2
Cardio-vascular disease - acquired	1	2	3
Pneumoconiosis without PMF	5	-	5
Bronchiectasis	-	3	3
Atypical pneumonias	2	2	4
Bronchitis and Emphysema	4	2	6
Abnormalities of Diaphragm & Oesophagus	2	1	3
Other significant abnormalities	7	1	8
Total	26	12	38

Summary of Notifications of Tuberculosis during 1958.

Age periods	Formal Notifications.													
	Number of Primary Notifications of new cases of tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total
Respiratory, Males.	-	-	2	1	-	2	3	6	5	6	12	-	-	37
Respiratory, Females.	-	-	-	-	-	4	4	8	3	-	2	-	-	21
Non-Resp., Males.	-	-	-	-	1	-	1	-	1	-	-	-	-	3
Non-Resp., Females.	-	-	-	-	-	1	-	2	2	-	-	-	-	5

New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the year, otherwise than by formal notification.

Source of Information		Number of Cases in Age Groups													
		0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total
Death Returns from Local Registrars.	Respiratory M	-	-	-	-	-	-	-	-	-	-	-	1	1	2 (A)
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	(B)
	Non-Respiratory M	-	-	-	-	-	-	-	-	-	-	-	-	-	(C)
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	(D)
Death Returns from Registrar General (Transferable Deaths)	Respiratory M	-	-	-	-	-	-	-	-	-	-	-	-	-	(A)
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	(B)
	Non-Respiratory M	-	-	-	-	-	-	-	-	-	-	-	-	-	(C)
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	(D)
Posthumous Notifications	Respiratory M	-	-	-	-	-	-	-	-	-	-	-	-	-	(A)
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	(B)
	Non-Respiratory M	-	-	-	-	-	-	-	-	-	-	-	-	-	(C)
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	(D)
Totals		Respiratory - Male 2 Female Nil Non-Respiratory - Male Nil Female... .. Nil													

Number of Cases of Tuberculosis remaining on the Register of Notifications on 31st December 1958.

Pulmonary			Non-Pulmonary			Total cases
Males	Females	Total	Males	Females	Total	
288	276	564	37	47	84	648

Notifications, Deaths and Visits made.

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
New cases	129	88	98	114	102	71	69	88	62	66
Deaths	27	33	32	19	16	18	12	10	8	14
Visits made by Health Visitors.	921	1161	1530	1770	1740	1593	1320	1310	1187	796

Bedding and Shelters on Loan to Tuberculosis Cases at 31st December 1958.

Mattresses	5
Blankets	56
Shelters	Nil
Bedsteads	4
Sheets	61
Pillows	6
Pillow Cases.. ...	4

Extra Nourishment.

Anyone suffering from active tuberculosis, and who is certified by a doctor as in need of extra nourishment is supplied free two pints of milk per day. The position of the patient is reviewed every three months, and when activity is no longer certified by the doctor, the supply is stopped. The following figures again exemplify the lessening numbers of cases of tuberculosis.

Number in receipt of free milk at the end of:-

1949 - 91	1954 - 68
1950 -- 95	1955 - 51
1951 - 72	1956 - 52
1952 - 70	1957 - 39
1953 - 75	1958 - 24

Recuperative Holidays.

Granted	10
Not granted	2

Sections 28 and 51 - Mental Health.

Following the Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, legislation is foreshadowed which may effect considerable changes in this work. It would be as well to discuss this matter at a later date, when the Government's intentions are known.

The tendency of the past few years has been to make "Mental Hospitals" more like other hospitals in freedom from restrictions on admission and discharge, in visiting, and particularly in the development of short stay cases and emphasis on out-patients. These changes have however brought difficulties of their own, inevitably, and it is now necessary to persuade relatives that many mentally ill patients can be nursed at home, where once they were admitted to hospital. It is not always easy to do so, and the work of the Duly Authorised Officers has been increased correspondingly. Nevertheless, the tendency is a thoroughly sound one.

Admissions to Horton Road and Coney Hill Hospitals.

Certified Patients	Nil
Voluntary Patients	156
Temporary Patients	Nil
Three Day Order Patients	53
Magistrate's Order - 14 Day Patients	12

Other cases investigated but not admitted	19

Mental Deficiency.

Patients under supervision in their own homes at 31.12.57.	73
New cases notified during the year	9
	<hr/> 82
Admitted to Institutions	7
Left District	2
Removed from Register	2
	<hr/> 11
Patients under supervision in their own homes at 31.12.58	71
	<hr/>
No. of above patients attending Cheltenham Occupation Centre ..	20
No. of patients in 'Places of Safety' awaiting admission to Institutions	1
No. of patients awaiting admission to Institutions ..	5

Patients on Licence from Institutions.

	<u>Stoke Park</u> <u>Hospital.</u>		<u>Hortham and</u> <u>Brentry Hospitals.</u>		<u>Other</u> <u>Hospitals.</u>	
	M	F	M	F	M	F
Number on Licence 31.12.57.	1	2	1	-	-	-
Number of Licence 31.12.58.	2	2	1	-	-	-

Patients in Institutions.

	<u>Stoke Park</u> <u>Hospital.</u>		<u>Hortham and</u> <u>Brentry Hospitals.</u>		<u>Other</u> <u>Hospitals.</u>	
	M	F	M	F	M	F
Number at 31.12.57.	25	32	13	2	6	2
Number at 31.12.58.	28	31	13	4	6	2

SECTION C.

INFECTIOUS DISEASES.

With few exceptions infectious diseases are gradually diminishing in incidence. One exception is Measles against which no protective injections can be given.

This state of affairs is partly due to the steady improvement in general hygiene (in turn partly due to better education for all), active immunising against certain diseases, better methods of detecting disease early, and better drugs (particularly the Antibiotics) for treatment. As regards treatment, the Antibiotics have largely abolished the seriousness of such diseases as streptococcal infections (scarlet fever, many puerperal infections, erysipelas etc.) lobar pneumonia and venereal diseases; and they have had a profound effect on such diseases as tuberculosis. Furthermore they have made it possible to treat many of these cases in their own homes, or limited hospital treatment to a short time.

The greatest contribution of general hygiene nowadays is in limiting the spread of gastro-intestinal infections, especially from those handling food, and more particularly in preventing its occurrence at all.

But it is helpful to have a reminder from time to time that there is much to be accomplished even in these directions, and the report from Dr. Tinkler of the South Western Regional Hospital Board, Medical Officer in charge of V.D. Clinics, should be read carefully, as it shows that a disease which is now well known to be readily treated in its early stages still is far more common than it should be.

Number of Notifications of Infectious Diseases from 1944 to 1958.

Disease	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	280	171	75	60	172	167	70	55	46	65	68	55	50	28	46
Diphtheria	162	128	99	34	14	2	1	-	1	-	-	-	-	-	-
Pneumonia	71	72	82	84	52	41	52	69	48	67	27	58	32	29	29
Cerebro-spinal Fever	-	-	2	6	2	3	*	*	*	*	*	*	*	*	*
Meningococcal Infection	*	*	*	*	*	*	1	3	2	1	-	-	1	4	2
Poliomylitis or Polio.															
Encephalitis	-	-	-	14	1	4	*	*	*	*	*	*	*	*	*
Poliomylitis, paralytic	*	*	*	*	*	*	2	-	4	2	-	9	-	5	-
Poliomylitis, non-paralytic	*	*	*	*	*	*	1	-	4	3	-	4	-	1	-
Dysentery	7	9	2	2	-	2	-	-	7	10	6	3	6	1	11
Ophthalmia Neonatorum	7	12	5	6	2	2	4	1	+2	+2	+1	+4	-	+3	-
Puerperal Pyrexia	21	9	15	8	10	10	5	13	21	30	22	18	20	26	34
Erysipelas	21	27	14	21	15	20	20	10	12	6	12	6	5	5	4
Enteric Fever (incl.															
Paratyphoid Fever)	3	1	5	-	1	-	*	*	*	*	*	*	*	*	*
Enteric Fever or															
Typhoid Fever	*	*	*	*	*	*	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	*	*	*	*	*	*	-	1	1	-	1	-	-	-	-
Tuberculosis - Resp.	113	121	110	124	119	121	75	85	101	91	67	60	79	55	58
Tuberculosis, Meninges															
and C.N.S.	*	*	*	*	*	*	*	*	*	*	*	*	-	1	1
Tuberculosis - Other	13	20	20	12	16	8	13	13	13	11	4	9	9	6	7
Measles	133	640	22	863	480	327	493	607	585	735	814	632	527	879	349
Whooping Cough	52	123	164	162	67	165	243	238	135	130	238	74	124	129	179
Acute Encephalitis -															
Infective	*	*	*	*	*	*	-	1	-	-	-	-	-	-	-
Acute Encephalitis -															
Post-Infectious	*	*	*	*	*	*	-	-	-	-	-	-	-	-	-
Food Poisoning	=	=	=	=	=	=	37	7	4	4	12	3	1	3	3

* See different classification.

+ Vision unimpaired.

= Not notifiable.

Report on Venereal Diseases during 1958.

Gonorrhoea. Table I shows the significant rise in the incidence of this disease which has taken place in England and Wales during the last few years. Figures for the City of Gloucester also show this rising trend. This may be partly explained by the pattern of immigration since 1953/4. No fewer than 31 cases of gonorrhoea out of a total of 45 occurred in coloured immigrants.

TABLE I.

	<u>England and Wales.</u>	<u>City of Gloucester.</u>		
		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
1954	17511	24	4	28
1955	17681	12	4	16
1956	20311	35	7	42
1957	24352	28	2	30
1958	27915	39	6	45

Syphilis. During the past decade there has been a decrease in the number of cases of syphilis referred to clinics in this country. In 1948 there were over ten thousand such cases attending clinics in England and Wales, whereas in 1958 there were less than one thousand early cases. The figures for Gloucester are shown in Table II, and as will be seen, remain low.

TABLE II.

	<u>Early Syphilis.</u>		<u>Late Syphilis.</u>	
	<u>Male.</u>	<u>Female.</u>	<u>Male.</u>	<u>Female.</u>
1951	9	11	10	2
1952	4	7	24	6
1953	2	-	17	10
1954	5	-	7	4
1955	-	2	3	5
1956	1	-	5	-
1957	2	-	2	2
1958	5	1	4	3

Congenital Syphilis. This is, in this country, a condition which is slowly disappearing thanks to the degree of co-operation between the ante natal and V.D. services.

In the past, congenital syphilis was responsible for considerable infant mortality and morbidity.

It is gratifying to record that no case of this disease under the age of one year has been registered in the City of Gloucester since 1951, and no deaths, attributable to this disease, have occurred in this country since 1953. The following table gives the Gloucester figures for congenital syphilis

TABLE III.

	<u>Under 15 years.</u>	<u>Over 15 years.</u>
1951	1	4
1952	-	4
1953	-	2
1954	2	-
1955	-	-
1956	-	1
1957	-	3
1958	1	-

Other Conditions. There has been a slight but steady increase in the number of non-specific infections referred to V.D. Clinics in this country since the end of the last war.

Non-gonococcal urethritis in males is increasing and many patients with various other conditions requiring treatment (and even more needing reassurance) continue to attend V.D. Clinics; the investigation and instruction of these patients, time consuming though it may be, is an important part of the work of the clinics.

Table IV gives the position in Gloucester for the years 1957 and 1958.

TABLE IV.

Other Conditions.

Total New Registrations at Gloucester Clinic during 1957 and 1958.
(City Cases only)

	<u>1957.</u>		<u>1958.</u>	
	<u>Male.</u>	<u>Female.</u>	<u>Male.</u>	<u>Female.</u>
Chancroid	-	-	-	-
Non-specific Urethritis	24	-	26	-
Other conditions	46	40	30	30

Social Aspects. The control of venereal diseases depends largely on successful contact tracing. Though the original patient is usually the most effective agent for this purpose, cases arise where this is not so. Here the services of an experienced worker can be invaluable and, generally speaking, the trained health visitor on the staff of the Medical Officer of Health has the right background for this delicate task. In so far as Gloucester City and County are concerned, there has always been close liaison between Medical Officer of Health and Venereologist whenever there has been an urgent need to trace venereal contacts, or to ensure their regular attendance at the Gloucester V.D. Clinic.

SECTION D.

MEDICAL EXAMINATIONS OF CORPORATION EMPLOYEES.

Children's Department	...	...	...	...	...	...	4
City Architect's Department	...	...	...	...	...	...	11
City Museum	...	...	...	...	...	...	1
City Surveyor's Department	...	...	...	...	...	...	18
City Treasurer's Department	...	...	...	...	...	...	3
Education Department	...	...	...	...	...	...	32
Entrants to Training Colleges	.	...	...	...	...	...	11
Fire Brigade	...	...	...	...	...	...	18
Health Department	...	...	...	...	...	...	9
Housing Department	..	...	...	...	...	...	4
Public Library	.	...	...	...	...	...	8
Town Clerk's Department	..	...	...	...	...	...	6
Welfare Department	..	...	...	...	...	...	4
Other Authorities	...	...	...	...	...	...	7
TOTAL	...	...	...	...	...	...	<u>136</u>

SECTION E.

NATIONAL ASSISTANCE ACT, 1948.

Total Blind Population. 1958

Table I.

Age Periods									
0 - 1	1 - 4	5 -15	16-20	21-39	40-49	50-64	65-69	Over 70	Total
-	-	-	1	9	14	38	14	86	162

Table II.

Ages at Which Blindness Occurred.									
0 - 1	1 - 4	5 -10	11-20	21-29	30-39	40-49	50-59	60-69	Over 70
12	5	5	4	13	10	15	18	18	62

Retrolental Fibroplasia.

No new case was notified under this heading during the year,

Work in connection with the Blind is undertaken mainly by the Local Authority direct, who keep the Registers of Blind and Partially Sighted Persons. The two Home Teachers undertake all the home visiting and teaching, and centre their group activities both for handicraft classes and social sessions at Palmers Hall.

In addition the City (Voluntary) Blind Association undertake social work, taking the Blind out for a day in the summer, giving a tea in the winter, giving a present to each blind person at Christmas, financing the repair of wireless sets and providing teas at the Handicraft classes. The Home Teachers assist in this work by arranging for the wireless set repairs and distributing invitations to the outings.

Finally a Coffee Club, under the Chairmanship of Mr. W.H. Brown, runs a social evening every Saturday night and arranges outings to places of interest in the summer. This Club is run by the Blind for the Blind and is most energetic and very successful. Amongst their many activities are a Skittles Club, which plays its home matches at the Bristol Omnibus Company's Sports Club in London Road. They are very indebted to the kindness of the members of that Club for affording them such excellent facilities, and at no charge.

Mr. Brown's great experience and organising capacity has built up a thriving Club.

In the end, however, the main mass of work amongst the Blind falls on the two Home Teachers. Unfortunately the senior, Miss Gapper, was away ill for the latter part of the year, but is now well and back again. In her absence Miss Holloway carried on alone and saw to it that the service to the Blind didn't suffer. I give a combined report from them herewith -

"On December 31st, 1959, the number of blind persons on the City Register was 162 - 57 males and 105 females. An increase of 1 over the previous year. Several patients declined registration after notifications, and in one case operative treatment was refused. Efforts made to see that treatment was carried out, when recommended, were generally successful.

There were 25 registered partially sighted persons - 11 males and 14 females. Of this number 3 (2 boys and 1 girl) were under 15 years of age.

18 Blind persons were employed in the following full-time occupations:-

- 1 Basketmaker (an approved home worker)
- 1 Typist
- 1 Dealer
- 6 Factory workers
- 1 Telephonist
- 3 Labourers
- 1 Masseur
- 1 Porter
- 3 in other "open" employment

- 2 Persons were capable and available for work but were unemployed
- 2 Persons were undergoing training for "open" employment

17 Males and 2 females were registered under the Disabled Persons Act.

Physically defective, mentally disordered, deaf and hard-of-hearing blind persons numbered 57 - 22 males and 35 females.

At the end of the year under review, 9 blind persons were in part III accommodation; 2 in Homes for the blind; 4 in chronic sick hospital wards and 5 in mental hospitals.

There were 6 members of St. Dunstan's organisation.

Approximately 2,480 welfare visits were made; 62 lessons given in Braille and Moon types and about 50 in simple handwork. 120 Handicraft classes were held at Palmers Hall. Articles produced were usually saleable, and the handicraft section of the work continued to be self-supporting. Several social activities for handicraft pupils were paid for from the handicraft account. The use of the W.I. Market Stall on the second Tuesday in each month has been the means of disposing of a number of finished articles, and we are grateful for this facility.

Grants made to individual blind persons by Charities, including the Royal Blind Pension Society, Blind Man's Friends, etc., were greatly appreciated.

As a result of a successful "Wireless for the Blind" appeal carried out by the National Institute for the Blind, a number of new radio sets were allocated to The City Blind Association for distribution amongst City blind persons. This enabled all reasonable requirements to be met, and no blind person was without wireless. Throughout the year all radio receivers used by registered blind people were maintained and serviced by that Association. In accordance with the Wireless Telegraphy Acts, blind people were issued with free wireless licences, or television licences at a reduction of £1.

The National Library for the Blind, and the Talking Book Library continued to provide excellent service for members. There was also complete co-operation with the postal services.

For the fourth year in succession the Norton W.I. handed in about 14 dozen eggs at Easter. These were distributed to elderly and sick blind people, and greatly appreciated.

On behalf of the Braille and Moon readers we would acknowledge the magazines provided. They include "Progress", "Home Help", "Madam", and "The Moon Magazine".

In June we started a fortnightly afternoon class in Plaster of Paris modelling for a few of the more able blind persons. Although they coped very well, there was a shortage of capable sighted people to paint the finished articles and also little demand for them. Consequently these sessions were reluctantly cancelled after only a few weeks.

On June 17th approximately 90 blind persons and guides had a coach outing to Weymouth, organised by the Voluntary Association for the Blind, and on September 6th this Association provided a half-day coach trip to Clevedon. The weather was dull on both occasions, but even so everyone had a good time.

In July there were two main social events. The first was a small party held at Palmers Hall, Montpellier for 3 of our deaf blind people, and the second was a Garden Party for about 40 blind persons and helpers of all the Handicraft Classes, given by one of our blind ladies. She is a keen gardener and has a lovely garden but unfortunately showery weather prevented us from having tea out of doors as planned. Nevertheless it was much enjoyed indoors and greatly appreciated.

One Saturday afternoon in August a few members of the Social Club were escorted on a Ramble over Painswick Beacon. It was a fine, warm afternoon and we were able to enjoy a picnic tea.

On Saturday, October 18th we were, among several local bodies, invited to have a Stall at the Michaelmas Fayre held at the Wagon Works and organised by Toc H. Our Handicraft Stall brought in over £10.

Three weeks later, on Saturday November 8th, we held our own Annual Bazaar at Palmers Hall. It was opened by the Mayoress accompanied by the Mayor and was well attended. Thanks to our blind and voluntary sighted stall-holders we raised £48. 1. 10. A new innovation for us, a Lucky Dip, proved very popular with children, and lucrative for us.

In November too, members of the Social Club were entertained by a local team of Handbell Ringers, and their concert was very much enjoyed. A month later, this Club held its first Christmas Party, during which members had a musical entertainment and excellent refreshments.

On December 17th we held our annual Handicraft Club's Christmas Party at Palmers Hall from 3 p.m. - 7 p.m. As usual it was a great success. Approximately 50 blind persons and helpers enjoyed first an entertainment given by a local Concert Party and then a lavish tea. Afterwards each blind person received a gift token to the value of 10/-, an increase of 2/6 on previous years, paid from the Handicraft account, which they themselves had helped to augment during the year by their efforts at Handicraft Classes. The remainder of the evening included a Weight Guessing panel competition and such games as the ever popular Musical Parcel.

This Party was the last major activity in 1958 and concluded a very happy and on the whole successful year.

The Social Club, opened on the first Tuesday in April has been successful and greatly appreciated. Main activities were table games, concerts, topical talks, etc. A Harvest Festival was arranged by the Salvation Army in October, produce being sold for Club funds.

The holiday arranged for a group of blind people at "The Rest", Southerndown was not a success. The conditions at this Home were so unsatisfactory that we had to return after only a few days' stay.

In conclusion may we express gratitude to all National Regional and Voluntary Organisations for help given from time to time, and in particular we are grateful for the voluntary help of sick visitors, club and handicraft helpers and others who give their time and energy. The assistance of these workers plays a very great part in the day-to-day work of a home teacher of the blind."

Work amongst the Deaf continues to be carried out by the Gloucester Diocesan Association for the Deaf. Not only do they undertake a full service, but at their Centre in St. Mary's Square, have a Chapel where services are held regularly, and rooms for sport and relaxation.

In connection with the Deaf, reference is made later in the report dealing with the School Health Service, to the excellent work done at the Gloucestershire Royal Hospital Hearing Aid Centre for the testing, assessment and training of children with defective hearing. The remarks I make there might be adapted to apply to older people too, as the service is unique in its scope and efficiency.

Work amongst the Physically Handicapped continues to be undertaken by the Gloucester branch of the British Red Cross Society, under the management of Miss MacSwiney, S.R.N. The work is all voluntary except that the Health Committee makes a grant of £100 p.a. towards the salary of a part-time Occupational Therapist who visits the homes of those who are too severely handicapped to attend the classes held at Palmers Hall.

As with the blind, the Health Committee provides special transport for those attending Handicraft Classes who cannot use public transport.

The Gloucester Cripples' Society also continues its social activities with outings in the Summer and a Christmas Party.

Several organisations like the Rotary Club, the Round Table, Over 40 Club and Toc H. all give their time and money in an unostentatious but very practical way.

Section 47 - Compulsory removal of persons
unable to look after themselves.

During the year it was necessary to take action under this Section for the compulsory removal of 3 persons.

SECTION F

SANITARY CIRCUMSTANCES OF THE AREA.

I give below a report from the Chief Public Health Inspector:

"I beg to report on the work of the Public Health Inspectors during the year 1958.

For the first time for several years we have had a full complement of Inspectors for a whole year and this is reflected in the increased number of inspections carried out this year as compared with other years. In particular, the number of smoke observations increased threefold and the general work under the Clean Air Act was intensified and at least a dozen smoky chimneys are much improved due to either the installation of modern furnaces or to a change to a smokeless fuel. There is still, however, a great deal of work to be done in the drive for clean air in this City, but I am confident that steady progress will be made in cleaning up the few black spots in the City.

It is pleasing to record that there have been fewer complaints about Public Conveniences this year and that there has been less malicious damage than in the past. The replacement of two very sub-standard buildings in the lower Westgate area by a new, bright, contemporary style convenience with full-time attendants is certainly a vast improvement and one that has been very much appreciated by travellers.

Our five year slum clearance programme continued steadily and some 126 houses were demolished. These demolitions do seem to leave some ugly gaps but it is hoped that the land now lying derelict in the Kingsholm area will soon sprout modern flats and maisonettes somewhat similar to that pleasing development in Fountain Square, Westgate Street, and that other smaller sites will also be suitably developed.

Once again it is my pleasure to record my thanks to the whole staff of the Health Department for their conscientious, happy co-operation in the work of the Public Health Inspectors."

The following is a summary of the inspections made during the year 1958.

PUBLIC HEALTH ACT.

Dwelling Houses - on complaint	...	...	...	...	...	...	...	...	...	610
Moveable Dwellings..	...	...	...	...	...	...	...	...	...	67
Offensive Trades	...	...	...	...	...	...	...	...	...	4
Workplaces	...	...	...	...	...	...	...	...	...	18
Schools ..	...	...	...	...	...	...	...	...	...	14
Smoke Observations	...	...	...	...	...	...	...	...	...	173
Stables and Piggeries	...	...	...	...	...	...	...	...	...	12
Theatres, Cinemas, Fairs, etc.	...	...	...	...	...	...	...	...	...	32
Public Sanitary Conveniences	...	...	...	...	...	...	...	...	...	581
Common Lodging Houses	...	...	...	...	...	...	...	...	...	17
Verminous Premises	...	...	...	...	...	...	...	...	...	77
Drain Tests	...	...	...	...	...	...	...	...	...	85
Re-visits	...	...	...	...	...	...	...	...	...	1078
Work in progress	...	...	...	...	...	...	...	...	...	240

HOUSING ACT.

Houses inspected	...	...	...	...	...	...	...	...	...	543
Basement Dwellings	...	...	...	...	...	...	...	...	...	12
Houses Let in Lodgings	...	...	...	...	...	...	...	...	...	62
Overcrowding ..	...	...	...	...	...	...	...	...	...	6
Re-visits.	...	...	...	...	...	...	...	...	...	896

FOOD AND DRUGS ACT.

Bakehouses	...	...	...	...	...	...	...	...	...	54
Dairies	...	...	...	...	...	...	...	...	...	23
Ice Cream Premises	...	...	...	...	...	...	...	...	...	27
Restaurants, Cafes, Kitchens, etc.	...	...	...	...	...	...	...	...	...	186
Hotels and Beer Houses	...	...	...	...	...	...	...	...	...	42
Fish Shops and Fish Friers	...	...	...	...	...	...	...	...	...	32
Markets and Food Stalls	...	...	...	...	...	...	...	...	...	60
Food Preparation and Storage Premises	...	...	...	...	...	...	...	...	...	139
Butchers Shops	...	...	...	...	...	...	...	...	...	120
Food Shops	...	...	...	...	...	...	...	...	...	429
Food Vehicles	...	...	...	...	...	...	...	...	...	24
Samples - Bacteriological	...	...	...	...	...	...	...	...	...	115
Biological	...	...	...	...	...	...	...	...	...	4

FOOD AND DRUGS ACT (Continued):

Food and Drugs Samples - Formal	...	...	...	...	...	...	...	105
Informal	.	...	...	...	...	...	...	49
Water Samples..	...	...	...	...	...	...	...	1

FACTORIES ACT:

[illegible]

PORT HEALTH.

Vessels - Foreign Going	124
Coastwise	7
Canal Boats	2
Rodent Control.	64

OTHER.

Shops Act.	15
Pet Animals Act	12
Rag Flock Act	Nil
Rodent Control - Dwelling houses ..	141
Business Premises	54
Others	51
Noise Nuisances	2
Infectious Diseases Enquiries	2
Food Poisoning Enquiries	6
Slaughterhouses	1752
Miscellaneous	1180
Merchandise Marks Act	52

The following is a summary of the notices served and complied with during 1958, together with outstanding notices complied with.

	Served.	Complied with
Informal.. 423		276
Statutory, Public Health Act 15		10
Housing Act Nil		Nil
Factories, Power 14		10
Non-Power Nil		Nil
Other Premises 4		2
Gloucester Corporation Act 11		7

HOUSING - 1958.

Clearance Orders Confirmed Previously.

<u>Title of Order.</u>	<u>Clearance</u> <u>Area Nos.</u>	<u>No. of</u> <u>Houses</u> <u>in Order.</u>	<u>No. of</u> <u>Persons</u> <u>Rehoused</u> <u>in 1958.</u>	<u>No. of</u> <u>Houses</u> <u>Demolished</u> <u>in 1958.</u>
City of Gloucester				
(Kingsholm)(No.1) C.P.O. 1955.	90,91,92,93, 94.	37	9	33
(Kingsholm)(No.3) C.P.O. 1956.	97,98.	31	-	5
(Area No. 99)(Upper Rea) Clearance Order, 1956.	99	4	-	4
(Area No. 100)(St.Catherine Street)(No. 1) Clearance Order, 1956.	100	2	-	2
(Area No. 101)(St.Catherine Street)(No. 2) Clearance Order, 1956.	101	5	-	5
(Area No. 102)(Longsmith Street) Clearance Order, 1956.	102	5	2	-

<u>Title of Order.</u>	<u>Clearance Area Nos.</u>	<u>No. of Houses in Order.</u>	<u>No. of Persons Rehoused in 1958.</u>	<u>No. of Houses Demolished in 1958.</u>
City of Gloucester				
(Kingsholm)(No.4) C.P.O. 1957.	105	16	27	10
(Area No. 106)(Mill Street) Clearance Order, 1957.	106	9	7	-
(Area No. 107)(Albany Street) Clearance Order, 1957.	107	8	6	-

Clearance Areas Confirmed during 1958.

City of Gloucester				
(Kingsholm)(No.5) C.P.O. 1957.	108,109, 110,111.	41	41	17
(Kingsholm)(No.6) C.P.O. 1957.	112,113, 114.	35	78	22
(Kingsholm)(No.7) C.P.O. 1957.	115,116	14	34	-
(Kingsholm)(No.8) C.P.O. 1958.	117	49	33	-
(Kingsholm)(No.9) C.P.O. 1958.	118	37	-	-

Demolition and Closing Orders.

	<u>Number of Houses</u>	<u>Persons displaced.</u>
Houses demolished as a result of formal or informal procedure under Section 17 (1)	18	23
Closing Orders made under Sections 16(4), 17(1) and 35(1)	-	-
Closing Orders made under Sections 17(3) and 26	-	-
Parts of buildings closed under Section 18.	-	-

Repairs, Housing Act.

Number of houses made fit after service of formal notices (Sections 9, 10 and 16),

(a) by owners	Nil.
(b) by local authority in default of owners	Nil.

VERMINOUS PREMISES.

Number of houses disinfested 68

All disinfestations were carried out with D.D.T. or B.H.C. compounds.

OFFENSIVE TRADES.

The following Offensive Trades were carried on in the City at the end of the year:--

Dealers in rags, bones and rabbit skins	2
Dealers in hides, skins etc.	1
Tripe Boilers	1
Tallow and Fat Melters	1
Number of Inspections made of the above premises	4

COMMON LODGING-HOUSES.

Number on Register	3
Number of rooms registered for sleeping	24
Permitted number of lodgers	131
Number of Inspections	17

RODENT CONTROL.
Types of Property.

	Local Authority.	Dwelling houses	Agr.	All other (including business) premises.	Total
No. of properties inspected as a result of:-					
(a) Notification	16	246	-	72	334
(b) Survey	37	327	8	88	460
No. of properties inspected which were found to be infested by rats.	17	195	8	71	271
No. of properties inspected which were found to be infested by mice.	19	112	-	61	192

FACTORIES ACT, 1937.

Part 1 of the Act.

INSPECTIONS for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted.
Factories in which Sections 1,2,3,4 and 6 are enforced by the local authority.	53	2	-	-
Factories not included above in which Section 7 is enforced by the local authority.	346	194	-	-
Other premises in which Section 7 is enforced by the local authority (not including out-workers' premises)	2	-	-	-
TOTAL	401	196	-	-

Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) insufficient	2	-	-	-	-
(b) Unsuitable or defective	12	10	-	11	-
(c) Not separate for the sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	4	1	-	-	-
TOTAL	18	11	-	11	-

Outwork.

Part VIII of the Act (Sections 110 and 111).

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list reqd. by Sect. 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel. Making etc., Cleaning and washing	10	-	-	-	-	-
TOTAL	10	-	-	-	-	-

SECTION G.

INSPECTION AND SUPERVISION OF FOOD.

Type of Premises.

Number.

Registered or Licensed Food Premises.

Dairies	5
Distributors of Milk	65
Tuberculin Tested Milk - Dealers' Licences	65
Supplementary Licences	-
Pasteurised and Sterilised Milk - Pasteurisers' Licences	2
Dealers' Licences	91
Supplementary Licences	-
Ice Cream - Manufacturers, Hot Mix	3
Vendors	220
Preserved Meat	34
Butter Factories and Margarine Wholesale Dealers	12

Other Food Premises.

Bakehouses	18
Butchers' Shops	63
Cafes, Restaurants and Canteens	116
Wet and Fried Fish Shops	33
General Food Shops	352
Public Houses... ..	107
Wholesale Premises	27
Food Factories	17

The Milk (Special Designation)(Raw Milk) Regulations, 1949 and The
Milk (Special Designation)(Pasteurised and Sterilised Milk)
Regulations, 1949.

The results of samples of milk taken under the above Regulations were as follows:-

Designation	Methylene Blue Test		Phosphatase Test		Biological Exam. (Tuberculosis)		Turbidity Test	
	Satis.	Unsatis.	Satis.	Unsatis.	Pos.	Neg.	Pos.	Neg.
Tuberculin Tested	1	-	-	-	-	5	-	-
Tuberculin Tested (Pasteurised)	23	-	33	-	-	-	-	-
Pasteurised	47	-	67	-	-	-	-	-
Sterilised	-	-	-	-	-	-	-	8
Non-designated	-	-	-	-	-	-	-	-
TOTAL	71	-	100	-	-	5	-	8

Food and Drugs Act, 1938.

The number of samples taken for analysis during the year was as follows:-

Number taken	Satisfactory		Unsatisfactory	
	Formal	Informal	Formal	Informal
154	103	46	2	3

Ice Cream.

The number of samples taken for analysis during the year was as follows:-

Number taken	Grade I	Grade II	Grade III	Grade IV
3	3	-	-	-

CARCASES INSPECTED AND CONDEMNED DURING THE YEAR 1958.

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	4307	318	1120	10497	12410
<u>All Diseases except Tuberculosis.</u>					
Whole carcasses condemned	-	1	8	5	15
Carcasses of which some part or organ was condemned	660	24	2	209	360
Percentage of the number inspected affected with disease other than Tuberculosis	15.3	7.8	0.8	2.0	3.0
<u>Tuberculosis only.</u>					
Whole carcasses condemned	3	2	1	-	3
Carcasses of which some part or organ was condemned	151	10	-	-	279
Percentage of the number inspected affected with Tuberculosis.	3.5	3.8	0.1	0.0	2.3

Total weight of Unsound Food dealt with.

	<u>Tons.</u>	<u>Cwts.</u>	<u>Qrs.</u>	<u>Lb.</u>
Meat and Offals	11	15	2	13
Other Foods	3	16	-	11
	15	11	2	24

Disposal of Unsound Food.

All unsound meat was disposed of within the City, being converted into fertiliser, etc., by a process of steam sterilisation. All other unsound foods were disposed of by burial on the Corporation's controlled refuse tip.

Slaughterhouses.

Number of Licensed Slaughterhouses in the City 4

Number of visits to slaughterhouses for inspection of carcasses .. 1752

Food Poisoning.

Total number of outbreaks Nil

Number of cases 3

Number of Deaths Nil

Organisms responsible Not identified

Food involved Not identified

SECTION H.

PORT HEALTH.

Section 1 - Staff.

Table A - No change.

Address and telephone number of the Medical Officer of Health:-

Health Department,
Priory House,
Greyfriars,
Gloucester.

Gloucester 24416/7.

Telegraphic Address - PORTELTH, GLOUCESTER.

Section II - Amount of Shipping Entering the District during the year.

Table B.

	No.	Tonnage	Number Inspected		No. of ships reported as having or having had during the voyage infectious disease on board.
			By the Medical Officer of Health	By the Port Health Inspector	
Foreign Ports	173	68,161	2	171	-
Coastwise	3185	291,921	-	4	-
TOTAL	3358	360,082	2	175	-

Sections III to VIII - No Change.

Section IX.

Table D - No change.

Sections X and XI - No change.

Section XII - Measures against Rodents in Ships from Foreign Ports.

Ships and warehouses in Gloucester Docks and ships in Sharpness Docks are kept under the supervision of the City Pests Officer.

Bacteriological and pathological examination of rodents is carried out at the Gloucestershire Royal Hospital (Royal Infirmary).

Table E. Rodents destroyed in the year from foreign ports - Nil.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.

TABLE F.

Number of Deratting Certificates issued					Number of Deratting Exemption Certificates Issued	Total Certificates Issued
HCN	After Fumigation with Other Fumigant.	After Trapping	After poisoning	Total		
Nil	Nil	Nil	Nil	Nil	19	19

Section XIII - Inspection of Ships for Nuisances.

Table G.
Inspections and Notices.

Nature and number of Inspections		Notices served		Result of serving Notice
		Statutory	Others	
British	22	-	-	
Foreign	155	-	-	
Total	177	-	-	

SECTION I.

ACCIDENT PREVENTION

A week's Campaign was held from November 16th to draw attention to the danger of Burns and Scalds.

A small group of officers including the Accident Prevention Officer, Superintendent Nursing Officer, Chief Fire Officer and myself had several meetings to arrange and carry through the Campaign which consisted of -

1. Publicity in the local Press beginning with a letter from the Mayor, and supported by Notices and Articles in the press, and an advertising campaign of modern heating and cooking methods and fire guards.

This was supported in all stores and shops by posters, "Dayglo" slogans, and special window and stand displays and in the entrance to one Cinema. Similar material was also displayed in Public buildings.

2. All Cinemas showed a specially prepared colour cartoon for the week, and a week beforehand a slide giving local particulars.

- 3.. Sticker stamps were affixed to all correspondence going out from certain offices.

4. Book markers were issued at the Public Library.

5. Talks were given at all the Infant Welfare Centres and Old People's Clubs by the staff of the Chief Fire Officer and the Accident Prevention Officer.

6. Reference was made on the Midland Service, B.B.C., in "Local News" at the opening of the week.

7. Certain statistics of local interest were published in the press.

The success of such a campaign is impossible to assess, but reports from stores and shops selling heating and cooking apparatus suggested a greater awareness of safety in customers and an actual stimulus to sales. But no assessment can be made of the educational value. Nevertheless it was felt that the Campaign had been well worth while.

It should be mentioned that we are particularly indebted to Mr. Corless, Chief Fire Officer, for the great amount of work he accomplished, both before and during the campaign, and what success we achieved was largely due to him.

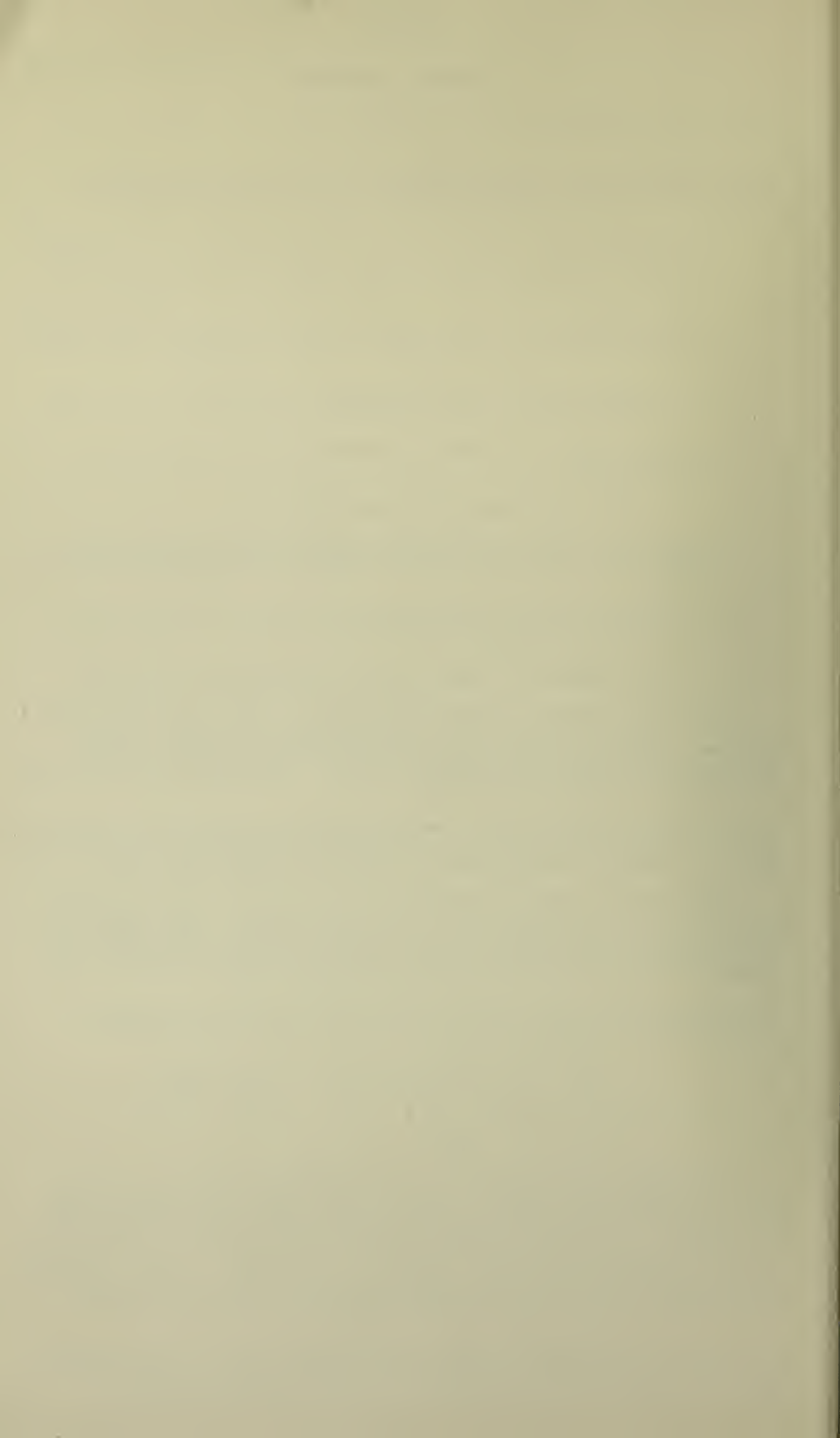
Mention might be made of an analysis of all new cases of Burns and Scalds who attended the Casualty Department of the local hospital. These figures are for new cases only and include all cases that were admitted to the Wards. It was not possible to get figures for cases who did not attend hospital but were treated by Doctors, First Aid Helpers or not treated at all.

From July 17th, 1957 to July 16th 1958 there were 312 cases, divided according to age as follows:-

0 -	1 -	2 - 5	6 - 15	16 - 65	56 +
5	31	41	45	184	6
122					

These figures show that by far the most dangerous year in life from Burns and Scalds is the second, which is what one might expect. The scrutiny of the Hospital Casualty records showed a very considerable number of cases occurring in youths aged 15 - 18, suggesting that the special risks of certain industries are not appreciated by apprentices and those just starting work. It was interesting to note the relatively few burns or scalds in those over 65. Perhaps there were relatively more than this, but the elderly are less inclined to seek hospital assistance than parents are for their young children.

In conclusion our thanks are due to the Health Committee for a grant towards the expenses of the Campaign and their interest in it. We also would like to thank the Cinema Proprietors and Managers of Stores and Shops who were so generous in their time and assistance. 47



SECTION J.

SCHOOL HEALTH SERVICE.

EDUCATION COMMITTEE.

1957 - 58.

Chairman:

Alderman Mrs. M.L. Edwards.

Vice-Chairman:

Councillor A.H. George.

Members:

The Mayor (ex-officio)

Alderman T. Hannam-Clark.

" G.A.H. Matthews.

" W.J. Smith.

" E.J. Langdon.

Councillor Mrs. L.R. Langdon.

" H.M.G. Rowe.

" Mrs. F.E. Fitch.

" F. Davenport.

" C. Collins.

" I.C. Pritchard.

" W.J. Lewis.

" Mrs. V.E. Price.

Rev. K.F. Evans-Prosser.

Rev. W.G.E. Quicke.

Rev. Canon M.J. Roche.

Mr. P.W. Robinson, B.Sc.

Mr. L.A. Buttling, B.Com.

Mr. A.E. Hancox.

Mrs. M. Taylor.

EDUCATION COMMITTEE.

1958 - 9.

Chairman:

Alderman Mrs. M.L. Edwards.

Vice-Chairman:

Councillor A.H. George.

Members:

The Mayor (ex-officio)

Alderman E.J. Langdon.

" W.J. Smith.

Councillor I.C. Pritchard.

" Mrs. L.R. Langdon.

" Mrs. F.E. Fitch.

" C. Collins.

" Mrs. V.E. Price.

" A.G. Neal.

" B.J. Cooke.

" Mrs. F.S. Creese.

" G.J. Dance, J.P.

Rev. K.F. Evans-Prosser.

Rev. W.G.E. Quicke.

Rev. Canon M.J. Roche.

Mr. P.W. Robinson, B.Sc.

Mr. L.A. Buttling, B. Com.

Mr. A.E. Hancox.

Mrs. M. Taylor.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1958.

Included in it are reports from Dr. Clark and Mr. Tunstall on the first full year's working of Longford Special School, and a report from Mrs. Gentle (née Miss Marson), our first full-time Speech Therapist, who has set out in some detail her approach to the subject and her aims. All these will be found to be interesting and instructive.

School Dental Work.— There is a report from the Principal School Dental Officer which is necessarily brief, as Mr. Wilson only took up this appointment in October, Mr. Lightfoot his predecessor having left in July. It seems pointless for me to say much about the continual shortage of School Dental Officers, and I simply record that Mr. Wilson must feel very frustrated in his desire to give an adequate service to the school children of Gloucester. He and I are very grateful to the part-time Assistants for what time they can spare from their general practices, but in total it remains only a small fraction of what is really needed. However, Mr. Wilson remains cheerful and energetic in simply trying to deal with all the emergency work and in addition as much routine attention to as many of the youngest school children as he can cope with.

Mass X-ray.— No figures for Mass Radiography have been in this year, as I have not been able to extract them from the summary for Gloucester as a whole, sent to me from the local Unit. Recently there has been a report issued on the possible dangers to children of being radiographed unless special adaptations to the apparatus are first carried out. The matter is sub judice at present and until policy is finally settled it is unlikely that further X-rays will be taken as a routine for the time being.

School Medical Inspections.— In this connection a change of policy has been slowly introduced. The past emphasis was on 3 complete medical examinations in every school child's life, and an annual one for all children in certain senior schools. This is being replaced by a complete inspection of all admissions to Infants Departments and a second one in the next to last year of the scholars in senior schools. Annual inspections of seniors have been dropped. In addition, School Nurses inspect children in all schools annually, weigh and measure them, test their vision and hearing and follow up any defect previously noted. Following the Nurse a doctor calls and discusses with the Head Teacher any evidence of ill-health, mental or physical, noted in the scholars and any observations from parents. All such cases are medically inspected.

In this way it is hoped Head Teachers will see members of the School Medical Staff more frequently and be able to discuss medical problems more readily. One reason for this change is that as the physical condition of children has steadily improved over the last few decades, especially since the last war, and as the National Health Service Act has made medical attention for children freely available, the emphasis in school medical work is shifting from the more obvious abnormalities of physical illness to problems of normal development and mental health. More frequent visits by the doctor will make discussions on individual problems easier.

Defective Hearing.— A special reference must be made to defective hearing in the young, and the work of Mr. Mower and his department at the Southgate Street Hospital.

Mr. Mower, apart from his work as Ear, Nose and Throat Specialist to that hospital, has developed a special clinic which has two aspects. Firstly the Hearing Aid aspect. Here all who need hearing aids are tested, fitted and trained in their use. This applies to children as well as adults. Mr. Mower is very anxious to extend the training needed for the fullest benefits to be derived from aids, but is limited by insufficiency of staff. Secondly, and this perhaps is his greater interest, he is most anxious to find children at the earliest possible age who show any evidence of defective hearing, so that he can either cure the defect or at least remedy it by fitting special hearing aids. In this way he would like all babies with defective hearing so helped that from even a few months old they will hear the normal noises and other sounds around them, and react and develop in a normal way.

The assessment of a child's hearing requirements is a very difficult matter, and the younger the child the more difficult it is. Similarly when an assessment has been made and the best hearing aid supplied, a child needs far more training in its use than an adult, so that the best results possible are obtained.

Mr. Mower has in his team Miss W. Galbraith who visits Gloucester from London at week-ends and is probably one of the best known workers in this field in the Country.

Together they have been working on this policy for the last 5 years, and like the Hearing Aid Centre itself have built up a clinic of quite national importance. Mr. Mower has been complimented by the South Western Regional Hospital Board on it.

What applies to babies applies also to school children. We in Gloucester are extremely fortunate in having such a service available.

One further development has occurred during this past year. To complete the follow-up of children in the use of their hearing aids, Mr. Mower and Dr. Branley, County Medical Officer of Health, have arranged with the County Education Officer to appoint a teacher with special training to visit children in their own homes or in school to see that the training given at the Hospital Clinic can be carried out, and is being carried out. Sometimes local conditions in a home or school may require some alterations in the teaching, or adaptation of apparatus. By arrangement with the County authorities, the City Education Officer and I have been able to have City children of school age or under followed up in the same way, for which payment is made to the County. The scheme therefore is now complete.

This scheme raises the old problem. Are severely handicapped children best educated in their own homes or in a residential school especially run for their particular handicap? I want to do no more than point out the advantages of each course, as I do not know whether there is a complete answer in any case, other than judging each case on its merits.

On the one hand the advantages of retaining a child in its own home to get the benefit of family life needs no stressing. On the other hand, can the intensive training to overcome a particular handicap, together with the demands of a general education which may have to be interpreted through unusual methods (especially for the blind, spastics and seriously deaf) be as successful at home as at a Special School? Is it possible that the handicapped child may receive at home so much affection and attention that it is over-protected and loses initiative?

If there were a complete answer it would be in Special Day Schools of sufficient size to cope with different age groups, with sufficient specially qualified staff and sufficiently near the child's home to avoid unduly long daily journeys. Unfortunately it is only in a few places in this Country that this is possible (e.g. there are only 2 Grammar Schools for Blind Girls and Boys in this Country).

Failing this I can only end by repeating how fortunate we are in having this Hearing Aid and Special Clinic for the young deaf in Gloucester for those trained and taught in their own homes.

One other comment might be made. As it is important to find evidence of defective hearing in a child as soon as possible, what method of detection is used? Testing with an Audiometer is not of much value in very young children, though widely used in children of school age, particularly by means of "Audiometric Sweeps", which means testing the response of groups of children to certain sounds from the instrument and carried to the earphones which each child being tested puts on. Anyone failing in a standard response is referred for special hearing tests.

Some Otologists, and Mr. Mower is amongst them, consider that as good results are obtained by the use of whispering or similar tests, which together with the observations of parent and Teacher are found as effective in the end. This explains why we have not used an Audiometer in the past.

In conclusion I would like again to comment on the very happy relations that exist between us and the Chief Education Officer and his staff, and the sympathetic consideration that is always given by the Education Committee to any proposal put by me in connection with School Health work.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient Servant

Charles Cookson

Principal School Medical Officer.

Statistics.

Population of Gloucester	68,400
School Population	12,829

Distribution of School Population:-

	<u>No. of Schools.</u>	<u>No. on Rolls.</u>
Primary Schools.	32	7260
Secondary Schools... ..	13	5305
Special Schools.	3	264

Medical Inspections.

Details of Special Inspections and Re-inspections will be found in Tables which follow.

Examination of children for -

Fitness for employment... ..	227
Ascertainment and educational subnormality ..	73

Examination of candidates for -

Teachers' Training Colleges	11
Posts in Education Department.	32

Infestation with Vermin.

Year	Total No. of pupils examined	Total No. of pupils infested	Percentage
1940	16657	1813	10.9
1941	13633	1555	11.4
1942	19551	2085	10.7
1943	18632	2302	12.4
1944	17729	2296	13.0
1945	15168	2603	17.1
1946	20073	2477	12.3
1947	20638	2746	13.3
1948	23282	2810	12.1
1949	26497	2822	10.7
1950	19215	1819	9.5
1951	16817	1011	6.0
1952	24537	1262	5.1
1953	25076	964	3.8
1954	23984	887	3.7
1955	24512	878	3.6
1956	28116	911	3.2
1957	30103	614	2.0
1958	27865	1007	3.6

Mass Radiography.

Details of children examined during the year by Mass Miniature Radiography are as follows:-

	Male	Female	Total
Miniature films	47	64	111
Large films -			
Total recalled	1	1	2
Did not attend	-	-	-
Normal	1	1	2
Significant	-	-	-
Being investigated	-	-	-

	Male	Female	Total
Non-Tuberculous Cases.			
Abnormality of the Diaphragm	-	-	-
Congenital Cardiac Lesion	-	-	-
Pulmonary Fibrosis	-	-	-
Inactive Tuberculosis	-	-	-

Mantoux Testing and B.C.G. Vaccination.

This work continues amongst "contact" or suspected cases, the Chest Physician being responsible for the work.

Handicapped Children.

This Section has been recast.

In the past, children attending City Special Schools have not been included in it. They have been treated as in separate Units, and only those were included who were at schools outside the City.

This re-arrangement allows of a complete assessment of the handicapped children.

Archdeacon and Longford Schools. These are Special Schools for educationally subnormal children. Archdeacon has 73 places of which 60 are occupied by City children, and Longford 120, of which 50 are from the City. As Longford has just completed its first full year's work, Dr. Clark has written a special note on it, and the Headmaster was invited to add a note on the work of the school.

Oak Bank School. In the past this school was regarded as a school for "Delicate" children. It is now a Special School for Physically Handicapped Children, the majority being there for that reason, though there is still a minority who are "delicate". Some children are both.

Total attendance at the end of 1958 was 88, of whom one was from outside the City. This number is made up as follows:-

Delicate	30
Physically handicapped	50
Maladjusted	3
Partially sighted	2
Partially deaf	1
Epileptic	2

There were 22 admissions during the year.

This school could in fact accommodate a few more pupils, but owing to the heavy nature of the work, 88 is the maximum practical number.

Home Teaching. Four children received home tuition because of their inability to attend any school. The causes of their disability were:-

Psychopathic illness	1
Progressive muscular atrophy	1
	50.

Severe crippling
(One of these improved so much
that he was able to start at
the Open Air School later in
the year).

Home Teaching continued also through the year in the Children's Wards of the Gloucestershire Royal Hospital.

In addition to the foregoing must now be added handicapped children who attend schools outside the City.

Deaf and Blind -

Residential Schools for deaf and partially deaf	5
Residential Schools for blind and partially blind.. ...	4
Delicate children	5
Educationally subnormal... ..	18
Physically handicapped	3
Maladjusted	6

Longford Special School - Report by Dr. D.S. Clark.

Longford Special Day School opened in September 1957. At its opening, 56 children were enrolled. 27 of these were City children. 15 of these were transferred (at the age of eleven plus) from Archdeacon Special Junior School. The other 12 were from Secondary Modern Schools in the City. The entry from Archdeacon School comprised most of the children in the eleven plus age group. (There were only 3 children of this age at Archdeacon School considered fit for transfer to a Secondary Modern School). The entry from Secondary Modern Schools consisted of children of twelve years or over who were failing to make satisfactory progress in ordinary or special classes, owing to mental incapacity. Included were several children who had spent their Junior School life in Archdeacon School.

The I.Q. range (on Terman Merrill assessment) of these children was between 48 and 84. The few children with I.Q.s of over 75 were admitted because of special difficulties, that appeared to be most likely to be solved by the teaching techniques and environment available in a Special E.S.N. Day School.

The medical arrangements made are rather more elaborate than at an ordinary school, because the incidence of physical as well as psychological disabilities is high among Educationally Sub-normal Children.

A full routine medical inspection of all pupils is to be carried out annually, and to this inspection all parents will be invited. The attendance rate of parents at the first inspection was good, and the opportunity of a meeting between the parent, child, doctor, nurse and headmaster that the occasion provided was of benefit to everybody concerned. Facts about the child are quickly elicited under the circumstances. A full assessment of the child's reaction to all significant influences in his environment can easily be made. Many difficulties can be dealt with, very effectively, by discussion. These meetings help, too, in breaking down the barrier of over protectiveness that so many mothers tend to build round their sub-normal children; an attitude that is the cause of so much difficulty in the families' social relationships.

The Health Visitor pays a regular bi-weekly visit to the School, to run a Minor Ailments Clinic and to deal with medical and social problems as they arise. The Speech Therapist attends once a week to give treatment on the spot to those pupils of the School who are her patients. Visits are made, also, as necessary, by the Peripatetic Teacher of the Deaf, who is employed by the County Authority, and who sees and treats City children by arrangement. The Educational Psychologist attached to the Child Guidance Clinic also attends as often as necessary.

Mr. S.J. Tunstall, the Headmaster, has kindly provided the following information about teaching in the School.

There are six forms. The boys' and girls' Craft Rooms are staffed by full-time teachers and children are withdrawn from their Forms in groups of not more than ten for this specialised teaching.

Apart from the actual curriculum, a normal secondary school approach is made as far as possible and, apart from benefitting the children, this appears to have a reassuring effect on parents who are often in some doubt as to what a Special School for E.S.N. children really is. In this connection, the School now has a

distinctive uniform, a flourishing House system (Cup presented by the Townswomen's Guild), Tuck Shop (run by the children), After School Clubs, and is sending a party of over thirty to Belgium at Easter and another similar group to a Summer Camp next year. In addition to the Woodwork, Housecraft and Gardening, which are important parts of the Curriculum, the older boys are now undertaking construction work (cementing, brickwork etc.) and beginning simple motor car maintenance. The girls and younger boys are learning poultry keeping and have constructed an aviary which is to be stocked when the weather improves.

A system of encouraging and recording the development of social maturity has been evolved. This requires that children should know many things, possibly not included in a normal school curriculum, ranging from shoe polishing to budgeting a pay packet, and including making telephone calls, replacing fuses and preparing simple meals.

At the end of 1958, the number of children in the School had risen to 103 which included 50 City children. While it is not possible to give an accurate measure of scholastic progress as early as this, it is fair to say that the results the School is already able to show educationally (and particularly in the important respect of social maturation) are gratifying. The School has already acquired a fine reputation in the town; one important reason for this is the evident pleasure that the children take in attending there.

The School Health Department has so far had no case in which parents have refused to accept a medical recommendation that their child should attend Longford School.

Speech Therapy, September 1957 to December 1958 - Report by Miss V.C. Marsom.

As a newcomer to Gloucester, creating a full time Speech Therapy Clinic, it was important to make myself known to those people with whom I would come in contact, in particular, to the Head Teachers.

There is much to prove that more is achieved through indirect rather than direct methods, and an important factor in this therapeutic treatment is to gain the co-operation of parents and teachers, who can do much to help or hinder a child's readiness to respond to these methods.

When I started as a Speech Therapist, I made a point of meeting the Head Teacher of each of the 48 schools, after a forewarning as to the time and purpose of my visit. As requested, each Head Teacher had, with the help of the staff, chosen out every child with a speech defect. In a period of six weeks, over 300 children were seen, one third of whom stammered. Treatment started with those in most urgent need of help. The visits proved, as anticipated, invaluable. A satisfactory relationship was formed, and both parties now know something of the difficulties encountered.

For example, where a parent cannot, or will not, help a child with his speech difficulties, it would seem expedient for the teacher to do this, but in most cases, a teacher has not the facilities to give as much individual help as he would like.

Help is needed for a child after attendance at the Speech Therapy Clinic, so that he can do some practice and be corrected when necessary. Thus the parents co-operation is all the more important.

It is unfortunate that I have not the time to see a child more than once a week for half an hour. There are many children who would benefit from therapy three or more times a week. As there are many children in need of help, this cannot yet be achieved.

So far omitted, is the important point that a good relationship or "contact" should be established between the Therapist and the child before treatment is commenced. This is where an indirect method (i.e. treatment through play and games) is invaluable. A child's initial tenuity is more easily overcome when playing a game.

It is a delicate balance to make a child realise the need for improvement in his speech, and at the same time prevent him from becoming over-conscious of it.

Play methods are a satisfactory way of putting over to a child ways in which he can improve his speech, so that he feels the suggestions come from himself. In this way "contact" is made with a child. With one child, the "initial" getting to know each other may take a few weeks; but with another child it may be anything up to a few months, before the child is ready to be constructive about his speech and able to help himself. Much of this initial time lag depends on the parents' attitude. Both a half-hearted unenthusiastic parent, and an over-enthusiastic parent, nearly always lengthens the treatment period.

Play and games in the Clinic are always guided, and although a child may branch into a game of his own invention (and this is to be encouraged) it can always be guided into a constructive form of treatment, although a child may not realise this.

The right equipment is necessary, and I have been very well set up in my Clinic, having a light and airy room, tastefully decorated in fresh colours, which impress a child favourably, as well as his parents. Through having a free hand to choose constructive play material and suitable books, and such furniture as small table and chairs, and a blackboard as an interesting alternative to paper work, everything is in continued use.

The tape recorder is invaluable and is used in many ways. It helps an over-anxious child to realise he is not so bad as he thought he was; and it shows comparisons of speech "as it was" and "as it is now". Parents, too, are often encouraged by hearing improvements on tape. It is useful in showing a dyslalic child where he is making mistakes, by playing his efforts back to him, and letting him criticise himself. Any child who stammers is given real encouragement when he hears himself speaking fluently on tape.

An example of guided play is in the use of glove puppets. A child manipulates the puppets himself and talks for them, thus referring the responsibility of talking. Eventually, he accepts the fact that he is really the one talking, and because this new fluent speech is pleasant for him, he takes the responsibility on himself and much anxiety is allayed. This results in an increase in confidence and fluency.

Each child is treated as an individual, for although a similar speech defect may be present in two children, their degree of speech consciousness varies.

The more anxious child needs to have his mind taken off speech, thus play methods are the obvious answer here. A child forgets himself in games, and so long as he continues to talk, he eventually realises he is better off than he thought he was. On the other hand, the indifferent child, so often with the indifferent or erratic parents, needs to be made more conscious of why he should come to the clinic, and the benefits to be gained from improved speech. Usually, an older child of say 12 years onwards has become so increasingly aware of ridicule from other people, that he has a desire of his own making to improve his speech. In such instances, the co-operation of the parents is not so vital. But with younger children, Speech Therapy needs the support of parents.

The majority of the referrals came through the schools, and before I take a child, I always see at least one of the parents. Both parents would provide a more accurate picture, but due to working hours, the father usually cannot come.

Most children are given a small book with exercises to practice, and the younger the child, the greater the amount of pictures are drawn or pasted in, to encourage him to look at his book. The best results come from those children who do regular practice in small doses; this depends on the interest of the parents.

Attendance for Speech Therapy has been good, and most parents will turn up even in the worst weather. The Schools are very reliable in sending children up to the Clinic on time. Parents are encouraged to telephone if they cannot come.

When fixing appointments, the child's likes and dislikes in school are taken into account (for Speech Therapy is unpopular if it occurs at the same time as a favourite lesson; and too, it is not good for a child to miss, regularly, a lesson at which he is poor). Occasionally, a Head Teacher will request a change in time.

A parent accompanies the younger children each week, and usually does some shopping, returning after half an hour, when I always have a brief discussion about next week's practice, and other points which may arise. Sometimes it is necessary to have a private talk with the mother, while the child amuses himself in the waiting room.

The Speech Therapy Clinic is in a building separated from the Health Department, and in winter afternoons the emptiness of the building was rather frightening to the children, but this is being rectified by the Child Guidance team, who are now able to make more use of their premises, and other workers.

It is very useful to come into contact with the Child Guidance team so often, as some points are more easily discussed verbally than in writing. The Child Guidance Unit are very willing to see some of the "problem" children, and there is one child receiving speech therapy and some child guidance on the same afternoon.

A further contact is with the Hearing Assessment Clinic at the Royal Infirmary, whose sessions I attend when I can. There are also meetings with the County Speech Therapists.

A regular weekly visit is made to the two E.S.N. Schools, and the children are treated on those premises. The approach to these backward children is quite different. Their understanding of what is required of them, in connection with

speech is slower than the average child; their retention capacity, once they have learned a new sound is poor. Consequently, speech therapy is continual repetition of the same material. Their concentration is limited, so that speech work must be brief and very direct. These children, in particular, would benefit from daily speech therapy.

Much of my speech therapy treatment would have been impossible but for the freedom I have been allowed as to the choice of equipment, and the facilities which have been provided. Also the interest in this therapy, expressed in the schools, has been a great asset.

Number of children treated	152
On observation (advice only).. ...	8
Suspended as unco-operative... ..	5
Discharged	71

Of those treated the following defects were noted:-

Stammer	66
Dyslalia	41
Signatism (any 'S' defect)	29
Cleft Palate... ..	10
Vocal disorder	6
Average attendance rate (generally 3/13 do not turn up, daily.	77%
Number of visits to Special Schools in year	68
Number of visits to Primary and Secondary Schools in year	14
Number of visits, September - October 1957 ..	48
Visits to other Clinics..	3

Part 1 - Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.
Table A - Periodic Medical Inspections.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
1954 and later	145	145	-
1953	465	465	-
1952	378	378	-
1951	95	95	-
1950	21	21	-
1949	12	12	-
1948	35	35	-
1947	59	59	-
1946	30	30	-
1945	32	32	-
1944	441	441	-
1943 and earlier	319	319	-
Total	2032	2032	-

Table B - Pupils found to Require Treatment at Periodic Medical Inspections.
(excluding Dental Disease and Infestation with Vermin)

Age gr. ups inspected (by year of birth)	For defective vision (excluding squint)	for any of the other conditions reported in Part 2.	Total Individual Pupils
1954 and later	2	3	5
1953	16	18	34
1952	28	22	50
1951	4	-	4
1950	2	-	2
1949	-	-	-
1948	-	-	-
1947	2	2	4
1946	-	-	-
1945	2	5	7
1944	16	10	26
1943 and earlier	9	2	11
Total	81	62	143

Table C - Other Inspections.

Number of Special Inspections ...	119
Number of Re-Inspections ...	2669
Total ...	2788

Table D - Infestation with Vermin.

Total number of examinations in schools by the school nurse or other authorised persons...	27865
Total number of individual pupils found to be infested ...	1007
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)...	Nil
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)...	Nil

Part II - Return of Defects found by Medical Inspection during the year.

Table A - Periodic Inspections.

Defect or disease	Periodic Inspections						Total	
	Entrants		Leavers		Others		Req.	Req.
	Req. Treat.	Req. Obsv.	Req. Treat.	Req. Obsv.	Req. Treat.	Req. Obsv.	Treat.	Obsv.
Skin	1	30	-	10	1	3	2	43
Eyes - Vision	50	44	28	131	3	7	81	182
Squint	2	22	-	-	-	-	2	22
Other... ..	1	4	-	1	-	-	1	5
Ear - Hearing... ..	6	22	3	10	-	1	9	33
Otitis Media... ..	2	13	1	5	-	1	3	19
Other... ..	2	2	1	3	-	-	3	5
Nose and Throat	8	43	1	14	-	-	9	57
Speech	7	20	-	5	-	2	7	27
Lymphatic glands	-	10	-	4	-	2	-	16
Heart	2	7	-	3	-	4	2	14
Lungs	1	63	1	17	-	2	2	82
Developmental - Hernia... ..	6	11	-	1	-	1	6	13
Other	-	8	-	2	-	5	-	15
Orthopaedic - Posture	-	20	5	44	-	1	5	35
Feet... ..	1	11	4	31	-	6	5	48
Other... ..	1	2	-	16	-	-	1	18
Nervous system - Epilepsy	-	5	1	7	-	-	1	12
Other... ..	-	-	-	-	-	-	-	-
Psychological - Development... ..	-	4	-	4	-	-	-	8
Stability	-	10	-	3	-	-	-	-
Abdomen... ..	-	1	-	-	-	-	-	1
Other	1	51	2	23	1	-	4	74

Table B - Special Inspections.

Defect or disease	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin	3	52
Eyes - Vision	114	800
Squint	2	34
Other... ..	3	12
Ears - Hearing... ..	2	36
Otitis Media... ..	1	7
Other... ..	1	6
Nose and Throat	3	78
Speech	5	43
Lymphatic glands	1	40
Heart	1	40
Lungs	1	134
Developmental - Hernia... ..	1	56
Other	-	20
Orthopaedic - Posture	1	52
Feet... ..	6	157
Other... ..	-	24
Nervous System - Epilepsy	-	16
Other... ..	-	-
Psychological - Development... ..	1	20
Stability	2	35
Abdomen... ..	-	2
Other	2	179

Part III - Treatment of Pupils.

Table A - Eye Diseases, Defective Vision and Squint.

	<u>Number of cases known to have been dealt with.</u>
External and other, excluding errors of refraction and squint.	5
Errors of Refraction (including squint)	184
Total	189
Number of pupils for whom spectacles were prescribed.	126

Table B - Diseases and Defects of Ear, Nose and Throat.

	<u>Number of cases known to have been dealt with.</u>
Received operative treatment:--	
(a) for disease of the ear	30
(b) for adenoids and chronic tonsillitis	143
(c) for other nose and throat conditions	8
Received other forms of treatment	12
Total	193
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1958	2
(b) in previous years	10

Table C - Orthopaedic and Postural Defects.

	<u>Number of cases known to have been treated.</u>
Number of pupils treated at clinics or out-patient departments	25
Number of pupils treated at school for postural defects	20
Total	45

Table D - Diseases of the Skin (excluding uncleanness, for which see Table D of Part I).

	<u>Number of cases known to have been treated.</u>
Ringworm - Scalp	-
Body	1
Scabies	1
Impetigo	21
Other skin diseases	12
Total	35

Table E - Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics	61
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Table F - Speech Therapy.

Number of pupils treated by Speech Therapists	152
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Table G - Other Treatment given.

Number of cases of miscellaneous minor ailments	1124
Pupils who received convalescent treatment under School Health Service arrangements	-
Pupils who received B.C.G. Vaccination	22
Other - Appendix	18
Accidents	37
Burns	8
Hernia	7
Diabetics	3

Part IV - Dental Treatment.

Report by Mr. J.P. Wilson, Principal School Dental Officer.

It is with reticence that I attempt to present a report on the work of the Dental Clinic in 1958, as I did not succeed Mr. E.G.H. Lightfoot until the end of October. However, I have now been long enough in office to realise the meticulous way in which Mr. Lightfoot carried out his administrative duties and the high standard of the clinical work he maintained.

The loss of time entailed in the change of staff was partly compensated by the addition in September of two part-time Dental Officers, Mr. T.H. Smith and Mr. P. Crane. At the time of writing, the latter is about to leave us after nine months valuable service. Messrs R.G. Boodle, M.J. Bartlett and J.R. Cond continue to render valuable assistance.

In the short space of time that I have been in Gloucester, I have been encouraged by the attitude of all with whom I have had to deal; with the Education Committee, the Medical Staff, my part-time colleagues, the Dental Attendants, the Head Teachers and Staffs of the Schools, the parents, and last but not least, the children themselves.

Dental Inspection and Treatment carried out by the Authority.

- (1) Number of pupils inspected by the Authority's
Dental Officers:-

At Periodic Inspections	664
As Specials	1824
Total	2488

- (2) Number found to require treatment 2390
(3) Number offered treatment 2223
(4) Number actually treated 2001
(5) Number of attendances made by pupils for treatment,
including those recorded at 11 (h) 3754
(6) Half days devoted to - (a) Periodic School Inspection 6
(b) Treatment 574
Total 580

- (7) Fillings:-

Permanent teeth	1108
Temporary teeth	-
Total	1108

- (8) Number of teeth filled:-

Permanent teeth	875
Temporary teeth	-
Total	875

- (9) Extractions:-

Permanent teeth	970
Temporary teeth	2555
Total	3525

(10)	Administration of general anaesthetics for extraction	1764
(11)	Orthodontics:-	
	(a) Cases commenced during the year	-
	(b) Cases carried forward from previous year	-
	(c) Cases completed during the year	-
	(d) Cases discontinued	-
	(e) Pupils treated with appliances	-
	(f) Removable appliances fitted	-
	(g) Fixed appliances fitted	-
	(h) Total attendances	-
(12)	Number of pupils supplied with artificial dentures	16
(13)	Other operations:-	
	Permanent teeth	483
	Temporary teeth	119
		<hr/>
	Total	602
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